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Accident / Incident Reporting and Investigation

Overview

Understanding accident/incident reporting and investigation begins with knowing the legislative requirements for reporting Workers’ Compensation Board (WCB) and Occupational Health and Safety (OH&S) situations. It also involves recognizing that there are many overlaps between the legislative requirements, District requirements, insurance policy requirements and the expectations of the general public or other stakeholder groups. This makes the reporting process confusing at times. It also means individual situations could trigger multiple reporting requirements depending on the circumstance. Furthermore, once a report is initiated, there could also be varying investigative requirements depending on the severity or impact of the accident or incident.
An essential element in meeting reporting and investigation requirements is to understand the terminology. The District differentiates between accidents, incidents and hazards (near-misses). Each has its own rationale for existing as a separate category and each has its own reporting protocol. A summary of the reporting protocol is included in the Reporting and Investigation Flow Chart at the end of Appendix I. It is also important to understand how to appropriately code the “severity” of accidents, the “impact” of incidents, and the “classification” of hazards for the reporting process. Correct use of these codes or classifications helps to determine the investigation requirements.

It is also crucial to treat “employees”, “students”, “volunteers”, “visitors”, “contractor employees”, and “other third parties” as separate groupings for reporting requirements. This helps to separate the legislated reporting requirements from the District reporting requirements. As an example, there are few legislated reporting requirements for student accidents or incidents but there is an obvious need for the District to require reporting in these situations to address liability, discipline and safety issues.

The District has its own reporting requirements (see Administrative Procedure 161 Appendix B - Accident Incident Reporting and the Risk Management Manual, Section 15-Procedures for Reporting Accidents/Incidents) for all accidents/incidents that affect employees, students, volunteers, visitors, contractor employees or other third parties.

The Electronic Accident/Incident Reporting System (EARS) is to be used to report all accident/incident situations, including those that may require separate WCB and OH&S reports and/or investigations. The intent of the system is to provide a “one-stop” reporting tool and to guide principals and/or non-school based department heads through the necessary steps to ensure accidents/incidents are reported in an appropriate and timely fashion. Note that EARS is a reporting tool, it is not intended to replace telephone communications in emergency situations.

An accident is:

- any event, in school or District buildings, on school grounds, or at off-site locations for school/District activities, which results in personal injury to employees, students, volunteers, visitors, contractor employees.

An incident includes:

- Events (e.g., evacuation, lockdown, media involvement) or
- Personal behaviour issues (e.g., assaults, threats, allegations of wrong-doing, missing person, abuse/neglect, weapons) of a serious nature or with the potential to cause injury. Incidents are situations that occur on District property or during school/District activities off-site and which involve or affect employees, students, volunteers, visitors, contractor employees

A hazard (near-miss) includes factors that contribute to:

- Harm to an individual or others.
- Damage to property.
- A release into or harm to the environment.
These potential accidents/incidents or near-misses are reported through the use of the Hazard Report Form (see Forms at the end of this section) as a proactive means of improving safety awareness and of tracking potential accident/incident trends. Hazard (near-miss) reporting is an essential part of any safety program as it helps in the prevention of future accidents/incidents. It is a requirement of the OH&S legislation that hazards (near-misses) be reported and investigated.

Regular reporting of accidents, incidents and hazards is a key factor in injury reduction and prevention. When accidents/incidents are analyzed, cause factors (e.g., organizational procedures, policies and lack of safety training) are identified. Actions can then be taken to reduce the risk of re-occurrence.

When an accident/incident occurs, the first concern should be for those injured and then the focus can shift to the investigation. Accident/incident investigation involves systematic examination of all undesired events that did, or could, result in physical harm to individuals or damage to property. Investigation activities are directed toward identifying the facts and circumstances related to the event, determining the causes and developing an action plan to control the risks.

For many employees, the term investigation may have negative connotations. This may be because employers have traditionally attributed worksite accidents to the unsafe acts of employees, or to unsafe conditions resulting from the acts or omissions of employees. Consequently, employees were blamed when accidents occurred. Current research shows that most accidents are caused by a multiplicity of factors including, but not limited to, lack of training, failure to identify hazards, breakdowns in supervision, and/or possibly even poor purchasing decisions.

It is important to realize that the whole process of accident/incident investigation will fail to uncover real, underlying causes unless all employees are comfortable in the knowledge that the purpose of the investigation is to attempt to learn lessons and ensure that the same mistakes are not repeated. It requires the cooperation of all parties in the worksite to consistently report and thoroughly investigate accidents/incidents. The objective is to create the safest environment possible at all District worksites.

Legislative Requirements
The employer has reporting and investigation requirements under the following provincial legislation:

- Alberta Workers’ Compensation Act.

The District (as the employer) also has other requirements for accident/incident reporting to meet safety, discipline and liability obligations. Principals, non-school based department heads and employees are responsible for knowing:

- The legislated reporting requirements.
- The District reporting requirements.
- Who is covered by legislation and who is not.
- What reporting process should be used.
- When an investigation is required and to what degree.
- Why accident/incident reporting is necessary.
Reporting and Investigation

Accident/incident reporting and investigation is judged from a prevention of severity and reduction in frequency standard. In other words, if there are fewer accidents/incidents and they are less severe, the reporting and investigation process is working.

The questions a government inspector might ask are:

- Can it be shown that all accidents/incidents are: being recorded at the worksite (along with injury treatment information), reported in an appropriate manner, and that there is a plan in place to investigate all serious accidents/incidents?
- Can it be shown that all serious worker injuries and accidents/incidents have been reported to Alberta Workplace Health and Safety and/or Workers’ Compensation (see Appendix I)?
- Are the root causes of an accident/incident being determined and are measures being put in place to prevent re-occurrence of this particular accident/incident?
- Have written records been kept for all accidents/incidents?
- Are principals and/or non-school based department heads obtaining all required information for employee WCB claims and submitting it as required?
- Are hazards (near-misses) being identified, reported and addressed?

If the answers to the above questions are YES, then there is compliance.

Principals and non-school based department heads demonstrate compliance by ensuring:

- Employees know which accidents/incidents and hazards are to be reported and their obligation to report.
- Employees know the accidents/incidents and hazards reporting process.
- Employees know when accidents/incidents will be investigated (see Table 1 in Appendix I).
- Correct reporting forms are available (refer to Forms at the end of this section).

After orientation and appropriate training, employees must know that the appropriate response to an accident/incident is to:

- Obtain medical aid or treatment for the injured individual.
- Report all accident/incident details and/or injury treatment provided.
- Complete all applicable forms and reports.

Guidelines for Meeting Legislative Requirements

Accident/incident reporting and investigation guidelines are based on current legislation, administrative procedure and accepted practices.

Reporting Accidents/Incidents and Hazards

Electronic Accident/Incident Reporting System (EARS)

The District has developed a one-stop reporting system for all types of accidents/incidents, hazards and property damage claims. The system is called the Electronic Accident/Incident Reporting System (EARS) and is designed to simplify District reporting procedures and ensure legislative requirements are met. Whether or not the accident/incident involves an employee injury, a student injury or various non-injury situations (e.g., hazard reports, vandalism, automobile damage), the system is designed to identify the type of report being made and direct the user to the appropriate forms.
Calgary Catholic School District’s Accident Report Forms are the basic format for accident reporting. Within EARS, there are variations of this form covering employees, students, volunteers, visitors, contractor employees. There are also Hazard Report Forms, (see Forms at the end of this section) which are used to identify specific hazards. The Hazard Report Tracking Form is used to quickly identify and correct small hazards identified at the school level; whereas the Hazard Report Form is used to report grander near-miss situations that require further investigation and/or cannot be easily corrected at the school level.

The principal or non-school based department head must ensure that an Accident Report Form is completed within the employee’s same shift of an accident. Each worksite shall have a designated employee(s) to enter all accidents/incidents and other reports into EARS. Note that when a first- aider administers treatment, regardless of other reporting requirements, it is essential that a record of that treatment is entered into EARS and a hard copy record be kept at the school in the Accident/Incident or Documents Binder. These documents should be kept on file for at least a three year period.

Why is it Important to Report all Accidents/Incidents and Hazards?

Statistical analysis of several thousand accidents has indicated a clear relationship between accidents and the unsafe acts and conditions that caused them. The Accident Triangle below is a graphical representation of this relationship. For every accident that results in an injury or serious loss, there are many unsafe acts and conditions. Statistically, only one in 600 situations results in a serious or major injury.

The Accident Triangle

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**Serious or Major Injury Accidents**
Includes disabling and serious injuries.

**Minor Injury Accidents**
Any reported injury less than serious.

**Property Damage Accidents**
All types.

**Situations with no Visible Injury or Damage**
Hazards (near-misses)
What is the significance of this relationship?

If there are fewer unsafe acts and conditions, there will be fewer accidents. Statistical studies have also shown that unsafe acts are nine times more prevalent than unsafe conditions. An accident/incident reporting system that ignores unsafe acts will address only 10% of all near-miss situations. This is why it is so important to identify unsafe acts and conditions before they cause accidents, when there is still time to correct them. It is critical that this issue is addressed regularly at employee meetings and that reporting of unsafe acts and conditions be encouraged on an on-going basis. A good hazard (near-miss) reporting system and accident/incident investigation program can help to prevent injury accidents. The analysis of evidence from the reports can identify emerging trends and facilitate the implementation of preventative measures.

The EARS program allows for analysis of accident/incident and hazard (near-miss) data. It also allows for identification of the more serious situations and provides direction for additional investigation, where required. Not all accidents/incidents require a full investigation.

NOTE: Certain categories of accidents/incidents will require more attention than others due to a variety of factors, including severity of the accident, legislative requirements (OH&S or WCB for workers), insurance requirements, media attention, and legal implications (e.g., threats of lawsuits). Principals and non-school based department heads should refer to Table 1 in Appendix I for additional information and direction on investigations (when, how, etc.).

A Hazard Report Form that must be used by employees to report significant near-miss situations (see Forms at the end of this section) can be found on the EARS program and also in hard-copy form at the end of this section. A Hazard Report Tracking Form that must be used by employees to report smaller scale near-miss situations (see Forms at the end of this section) can be found in hard-copy form at the end of this section. Copies of ALL completed Hazard Reports should be filed and maintained in the Occupational Health and Safety Document Binder. The document should be kept on file for at least a three year period.

Hard copies of all Accident Report Forms are to be retained by the school in the Accident/Incident or Documents Binder. Ongoing review of Hazard Reports and Accident/Incident Reports will assist the principal or non-school based department head in identifying trends and taking action to prevent future accidents. Once sufficient information is entered into the EARS program, Business Services will also be reviewing data to identify trends and will notify schools or departments as necessary.

Workers’ Compensation Board (WCB)

Under the Alberta Workers’ Compensation Act, an employee who is injured, regardless of who is at fault, is entitled to benefits. In return, the injured employee (and their beneficiaries) gives up their right to sue their employer for damages. Injuries to employees, students, volunteers, contractor employees require reports to WCB. The Alberta Workers’ Compensation Act requires both the employer and the injured worker to report accidents when workers experience certain types of injuries (see “What injuries must be reported?”).
Who is Covered and Who is Not?
Workers’ Compensation covers the following groups of individuals:

- Support staff.
- Caretakers.
- Exempt staff.
- Volunteers.
- Administrators (including Superintendents, Directors, Principals, Vice-Principals, Assistant-Principals, Supervisors and Consultants - all while doing administrative duties only).
- CTF/CTS teachers (listed in the WCB Act as industrial arts and home economics teachers).
- Counsellors (only while they are performing counselling duties).

Note: Most teachers are not covered (exempted) by WCB due to legislation.

What Injuries Must be Reported?
Accidents that are reportable to WCB are those that result in:

- The need for medical treatment, beyond first aid, such as assessment by a physician, physiotherapist, chiropractor, etc.
- Lost time beyond the date of accident.
- The need to temporarily or permanently modify work beyond the date of accident.
- Death or permanent disability.
- Disabling or potentially disabling disease or condition caused by occupational exposure or activity.
- The worker incurring medical aid expenses such as dental treatment, prescriptions, eyeglass repair, etc.

District practice is to report all employee accidents through the EARS program. The District’s Human Resources Department will determine those circumstances that require filing of WCB employer reports.

All employees must be aware of their responsibility to expeditiously report all injury accidents to their immediate supervisor. Supervisors must ensure the principals or non-school based department heads are aware of the reports. Principals or non-school based department heads are accountable to ensure appropriate reports are submitted in all cases.

What Reports are Required and What is the Process?
When an accident occurs the principal or non-school based department head must ensure that an Accident Report Form is completed and submitted using the Electronic Accident/Incident Reporting System (EARS). If the accident involves employees or others who are covered by Workers’ Compensation, follow the process below:

- If the injury is, or is likely, to result in the individual missing work beyond the day the injury occurred, then the injured individual must complete a Worker’s Report of Injury or Occupational Disease Form (a sample of this form can be found at the end of this section). This should be completed expeditiously and submitted to the WCB with a copy to the District Human Resources Department - Leaves Management Coordinator. Copies of the Worker’s Report of Injury or Occupational Disease Form shall be available at all worksites.
• The principal or non-school based department head must also complete an Accident Report Form and ensure it is submitted through the EARS program. An Employer’s Report of Injury or Occupational Disease Form (a sample of this form can be found at the end of this section) will be submitted to WCB by the District Human Resources Department based on the information provided in the Accident Report Form. Only Human Resources will submit the employer forms to WCB. The principal or non-school based department head must only ensure the accident is reported through EARS.

Note: Injury accidents involving caretaking staff will not follow the above protocol. While the principal or non-school based department head should be made aware of any accidents involving caretakers, caretakers must report accidents directly to the Caretaking Supervisors. Completion of the District accident reports and WCB forms will be done under the direction of the Caretaking Supervisors. Principals and non-school based department heads shall ensure that injury accidents to caretaking staff are reported to the Caretaking Supervisors. Caretaking Supervisors will ensure that an Accident Report Form is submitted through EARS for all caretaking employee accidents.

• It is critical in employee lost-time situations that the above forms are completed and submitted same shift. The District has a 72 hour deadline for reporting lost-time incidents to WCB and can be fined up to $2500 per day for delays in this process. Schools or departments not complying with these reporting requirements may be assessed these costs.

• In situations where disabling injuries occur, the District will require a more thorough investigation of the accident. In these instances, the principal or non-school based department head is required to expeditiously complete an in-depth Accident Report Form (see Appendix I and Forms).

• If the principal or non-school based department head, with participation from a JHSC Member, requires assistance in conducting an investigation of an accident, they should advise their Area Director or Superintendent, and seek assistance from the Business Services Department or a District Health and Safety Representative.

• Refer to the Reporting and Investigation Flow Chart at the end of Appendix I for a visual representation of the reporting and investigation process.

What Obligations do Contractors Have?
Contractors are defined as anybody providing services for fees to the District. This includes construction and maintenance contracts and also educational services contracts (e.g., in-line skating). Construction and maintenance contracts are managed by the Construction and Maintenance Department and they are accountable for the actions of these contractors and will verify that WCB coverage is in place for contractor employees involved in these projects.

Many educational services contractors are small organizations and may or may not have, or require, WCB coverage for those working in their employment. There should be coverage in most cases but it is sometimes neglected by some businesses. The WCB website (www.wcb.ab.ca) also has an extensive list of exempt industries. If injuries occur to individuals whose employers do not provide WCB coverage, and it was required, the District may be the WCB provider by default. Injuries that occur to employees of small educational services contractors without WCB coverage must be reported through EARS. Principals or non-school based department heads shall determine if educational services contractors working at their sites have WCB coverage and therefore who will have WCB reporting responsibility. Call Business Services if assistance is required to determine appropriate coverage.
All contractors shall report injuries that occur to any contractor employees while working in District facilities, or on District property or for the District. Contractors are expected to meet or exceed the District standards for reporting (Refer to Section 14 - Third Party Contract Adherence).

**Occupational Health and Safety (OH&S)**

The enforcement body of the Alberta Occupational Health and Safety Act, Regulation and Code requires the employer to:

1. Report specified injuries or accidents. Specified injuries and accidents that must be reported under the Alberta Occupational Health and Safety Act, Regulation and Code include:
   
   - An injury that results in death.
   - An injury that results in a worker being admitted to hospital.
   - An unplanned or uncontrolled explosion, fire or flood that causes a serious injury or that has the potential of causing a serious injury.
   - The collapse of a crane, derrick or hoist.
   - The collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.

2. Conduct an investigation and prepare an Accident Report Form that is readily available for inspection, where:
   
   - A reportable injury or incident.
   - Any other incident that had the potential to cause a serious injury.

**What Reports are Required and What is the Process?**

If a specified injury (see above), a serious injury or an accident/incident that has the potential of causing serious injury to employees, volunteers or contractor employees occurs at a District workplace, the principal or non-school based department head responsible for that workplace shall:

- Immediately notify a District Health and Safety Officer as to the time, place and nature of the serious injury or accident/incident. (An investigation into the circumstances surrounding the serious injury or accident/incident will occur and may involve other departments and District resources as necessary to complete the investigation.)
- Complete an Accident Report Form and submit through the EARS program. In the narrative (comment) portion of this report identify the situation as possibly having OH&S reporting requirements. In many instances it will be easiest to create a narrative report and send it as an attachment through the EARS program.
- Ensure you are outlining the facts and relevant circumstances surrounding the serious injury or accident/incident and indicate any recommended corrective action which may be undertaken to prevent a re-occurrence of the serious injury or accident/incident. Submit a copy of the report to Business Services.
- Refer to the Reporting and Investigation Flow Chart at the end of Appendix I for a visual representation of the reporting and investigation process.
Business Services will forward all OH&S report situations to the District Health and Safety Representatives. All reports to the government department responsible for OH&S shall be submitted through the District Health and Safety Representatives.

**Accident/Incident and Hazard Investigation**

The intent of this section is to aid in determining situations that require investigation; identifying the level of investigation required; and providing a consistent investigative process for District employees to follow.

Accident/incident and hazard investigation should be a fact-finding, not a fault-finding process. Investigations are a necessary part of the problem solving process. Since accidents/incidents vary in severity and impact, the degree of investigation carried out should be related to the severity, impact, and/or the potential for actual loss or injury (see Tables 1, 2.1, 2.2 and 3 in Appendix I).

The principal or non-school based department head with participation from a JHSC Member will complete most investigations; however, district resources are available to assist in the more serious situations and where legislation requires an investigation.

The purpose of investigations is to ensure that:

- Awareness of hazards is raised.
- Existing controls are reviewed.
- Concern for the safety of employees is demonstrated.
- Potential hazards are identified.
- Appropriate corrective action is taken.
- Legal requirements are met.

Whenever an accident or incident occurs the on-site supervisor should take control of the situation to ensure that:

- **No further injury or damage occurs** (identify and control hazards).
- Injured persons are properly cared for.
- The scene of the accident or incident is secured so that physical evidence is not disturbed before it can be examined.

There is a process for completing investigations. In general, the Six Step Investigation Process is as follows:

1. Obtain an overview of the situation.
2. Gather physical evidence.
3. Interview witnesses.
4. Check any relevant background information.
5. Determine causes.
6. Recommend corrective action.
More serious accidents/incidents call for more thorough investigation. More time and resources must be dedicated to investigating those situations that have the highest potential for recurring injury or property damage. The Electronic Accident/Incident Reporting System (EARS) will assist employees in identifying the severity and impact of the accident/incident and this information may be used to determine the level of investigation that will be required. For the more serious situations, there shall also be a written Accident Report Form followed by a review of the accident with District staff, those involved in the accident and any other individuals affected by the accident.

Coding of Accidents, Incidents and Hazards
Accidents, Incidents and Hazards (near-misses) are all “coded” within the EARS program based on their severity (accidents), their impact (incidents) or their classification (hazards). The purpose of the coding is to classify the situations in a consistent manner District-wide. The coding also helps to determine what level of investigation is necessary to address the situation (see Tables 1, 2.1, 2.2 and 3 in Appendix I). The coding used and a brief explanation of each category is provided in the following sections.

Severity Codes for Accidents
Severity codes are for the most part determined by the EARS program and are dependent upon the type of injury selected when entering an accident report. In general the codes are as follows:

**Code 1:** Minor accident (scratches/bumps that may require a band-aid or other minimal attention).

**Code 2:** Accident with minimal long-term repercussions, but requiring some first aid attention (e.g., first aider evaluation, ice packs, dressings).

**Code 3:** Accident involving more serious injuries but where immediate emergency medical services attention and transportation is not required. Parents may be called for direction and/or first aid treatment may be provided at the school. Includes fainting, loss of consciousness; eye injuries; tooth/teeth injuries; minor wounds requiring stitches; suspected or minor broken bones; allergic reactions not requiring ambulance or paramedic; back/spinal injuries (minor or precautionary treatment); or referrals to physicians for evaluation.

**Code 4:** Accident involving serious injuries that require immediate emergency medical services attention (e.g., paramedic care, ambulance transportation, treatment by a physician, etc.). Includes physical or sexual assaults; injuries involving missed school or time off work (more than the day of the injury); or back/spinal injuries (requiring medium or long-term treatment); broken bones requiring immediate attention; etc. NOTE: any situation where an individual (parent/guardian, third party injured, etc) threatens legal action or where the media is involved (or will likely be involved) should be coded as a Severity Code 4.

**Code 5:** Death or Possible Permanent Disability.
**Impact Codes for Incidents**

Impact coding is important and should be completed by the principal or non-school based department head or their designate. The coding is subjective and should be based on the level of disruption created by the incident, potential media involvement, legal implications or the myriad of other possible influences that affect the operation of the school or department.

**Low:** Events that have a minimal interruption of school or department operations. No police or media involvement and no indication or threat of legal action arising from the situation. Most routine student disciplinary situations would be “Low” impact.

**Medium:** Events that have a short-term interruption of school or department operations affecting a number of staff and/or students (e.g., locker searches related to drugs, precautionary evacuations or lockdowns, parental threats of legal action over program placement, etc.). Some serious student disciplinary situations could be of “Medium” impact.

**High:** Events that have a major impact on school or department operations involving a significant portion of staff and students (e.g., events such as intruder lockdown, evacuation for environmental reasons, media involvement, possibility of legal action, etc.). Personal behaviour situations requiring severe discipline such as expulsion or relocation to another school in the District could be of “High” impact.

**Note:**

- Any employee personal behaviour incidents where privacy, confidentiality or sensitivity issues exist, shall be discussed with the appropriate District staff (e.g., the Superintendent, Educational Services) prior to entering any information into EARS.
- The principal or non-school based department head has the discretion to change the impact coding to the appropriate category based on the school’s reaction to any type of incident.
- **If in doubt about the coding, choose the highest appropriate coding level that seems to match the situation.**
- Incidents that are categorized as medium or high will result in notifications being sent to relevant Superintendent(s).

**Classification Codes for Hazards**

Hazards are classified as Low, Medium, and High by the principal or non-school based department head. Classification is subjective and the more severe the potential dangers, the higher the coding should be.

**Low:** A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage.

**Medium:** A condition or practice likely to cause injury or illness resulting in temporary disability and/or property damage that is disruptive but not extensive.

**High:** A condition or practice likely to cause permanent disability, loss of life or body part and/or extensive loss of structure, equipment and material. Immediate action required to address these situations.
High Hazard situations must be dealt with immediately as the potential for injury and/or property loss is significant. The principal or non-school based department head should always take necessary action to ensure High Hazard situations are addressed as quickly as possible. These situations will be a priority for the deployment of District personnel and resources. Local action is always required to ensure the safety of staff and students while waiting for a District response. Local action can and should address some of the Low and Medium Hazards as defined above.

The Good Catch Hazard Report Form must be utilized if it is a temporary low level hazard (e.g., spilled water from a fountain can be immediately cleaned up by a caretaker – low hazard). However, if it is a leaking pipe in a hallway or washroom that needs to be corrected (medium hazard), then warning signs should be placed, the leak should be contained, a Service Request (SR) should be submitted to Maintenance for the repairs to be completed and a Hazard Report should be submitted through EARS. Hazard (near-miss) investigation and reporting requirements are outlined in Table 3 at the end of Appendix I.

When Should an Investigation Occur?

Most accidents and incidents and some hazards require a degree of investigation. The Investigation Tables and Reporting and Investigation Flow Chart provided at the end of Appendix I provide direction for principals and non-school based department heads as to when, and to what extent, an investigation should occur.

Generally the principal or the non-school based department head will be responsible for the local investigation of accidents/incidents and hazards. In larger schools or departments, this may be delegated to other administrators; however, the principal or non-school based department head remains accountable. For more serious accidents/incidents and hazards the principal or non-school based department head may work with a District team investigating the situation.

In more serious accident/incident and hazard situations involving employees, volunteers and contractor employees, legislation may require that detailed investigations occur and an Accident Report Form be completed. Examples of situations where legislation requires investigation include:

- A fatality.
- An injury or accident that results in a worker being admitted to a hospital for more than two days.
- An uncontrolled or unplanned explosion, fire or flood that causes a serious injury or that has the potential of causing a serious injury.
- The collapse of a crane, derrick or hoist.
- The collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.
In more serious accident situations involving students, District practice may require that a detailed investigation occur and an Accident Report Form be completed. Examples of situations where District practice requires investigation include:

- Time Loss Incidents
- Accidents where the severity code is 4 or 5.
- Accidents where there is threat of legal action or media involvement.

Summarize the findings of the investigative process in a formal Accident Report Form. Include original Witness Statements as part of the Accident Report Form. For more serious accidents, the principal, non-school based department head or the District investigative team should make recommendations and present the report and recommendations to senior management, who will, if required, share the information with the District insurer and/or government investigators. The Accident Report Form and the recommendations should be reviewed with all employees who were at the workplace at the time of accident.

The Six Step Investigation Process
For all serious accidents or where there is a legislative requirement for an investigation, the following process should be utilized:

1. Obtain an Overview of the Situation

The principal or non-school based department head should go to the scene of the accident as soon as possible in order to:

- Secure the area so that no risk of further injury exists, e.g., potential secondary accident/incident. For serious accidents, it is important to prevent the removal of evidence by not allowing any person to disturb the accident scene.
- Become oriented with the circumstances. Physical conditions can change quickly and witness’ viewpoints can alter with the passage of time. It is important to decide where and with whom the investigation should begin.
- Determine if District staff (Superintendent, Health and Safety Officer or Business Services) should be called, if they have not already been notified.

2. Gather Physical Evidence

Physical evidence may be any object, condition, written statement, event, etc., that may yield information about the accident/incident. It can be compromised or lost unless care is taken. Physical evidence relates to “what caused” the accident. Such things as obstructions, broken or defective equipment, or environmental conditions can contribute to accidents. Isolate any equipment and/or records relevant to the situation. Physical evidence may include:

- Photographs of the accident/incident scene.
- A sketch or drawing showing relevant measurements.
- Evidence of any unusual circumstances or conditions.
- Details about environmental conditions, such as noise, lighting, air quality or weather.
3. **Interview Witnesses**

Individuals can quickly forget the exact details of an accident/incident. It is often beneficial to have witnesses prepare individual, signed written statements regarding the accident/incident prior to being interviewed. These statements should be prepared independently from other witnesses. A *Witness Statement Form* is included in the forms at the end of this section. Witnesses should be interviewed as soon as possible after the accident/incident while the events are still clear in their minds. The witnesses written statements can be used to assist in the interview process. The individual(s) directly involved should be interviewed first.

The interviewer should:

- Maintain an accurate written record of all interviews.
- Verify witness credibility by ensuring that they were in a position to contribute meaningful observations.
- Interview at the location of the accident if possible. This allows both the interviewer and the witness to more accurately relate circumstances and details involved.
- Interview the witnesses separately so that the statement of one witness will not be influenced by overhearing the statement of another witness.
- Try to put the person being interviewed at ease. Remind the witness of the constructive purpose of the investigation and that the primary purpose of the investigation is to determine facts and not to fix blame.
- Be objective.
- Try to obtain all relevant information regardless of how insignificant it may seem.
- When interviewing a witness do not discuss the testimony provided by other witness(es).
- Have the witness tell their story with minimal interruptions. Review their version of the events, step-by-step, asking questions to clarify details. Ask open-ended questions like “what happened?”.
- Avoid the use of leading questions, which simply require a yes or no response (e.g., rather than asking “Was there oil on the floor?” say “Describe the condition of the work area.”).
- Summarize your understanding of what the witness said at the end of the interview to ensure that you have an accurate understanding of their statement.
- Thank witness for his/her cooperation.
- When necessary, re-interview to clarify details.
4. **Check Any Relevant Background Information**

It is important to identify any relevant background or information that may have contributed to the accident. The following questions may need to be answered:

- Are there any previous accident, incident or hazard (near-miss) reports that are relevant to the current accident?
- Are there any relevant policies, directives, safe work procedures or maintenance records that have relevance to the accident/incident?
- Are there any safety conditions or procedures that were not in place that contributed to the accident/incident occurring?
- Is there a history of injury or accidents at the location or involving the individual injured?
- Are there reasons why the activity was taking place that contributed to the accident/incident?

4. **Determine Causes**

Causal factors are defined as events, conditions or circumstances, which the presence or absence of, may have contributed to the accident/incident. All possible causes should be recorded. Several causes occurring in sequence, or simultaneously, may combine to make an accident inevitable. Ultimately, all causes are human in origin. They result from inability or failure to:

- Eliminate all unsafe work conditions or behaviour.
- Plan and/or implement appropriate procedures.
- Design facilities to address all safety concerns.
- Purchase appropriate equipment.
- Purchase appropriate type and quantity of supplies.
- Train employees to work safely.
- Control hazardous situations adequately.

When analyzing casual factors, remember that those who are close to the area where the accident/incident occurred are often in the best position to identify the factors that represent risks to their health and safety. They may also be in the best position to assist in developing corrective strategies that will remove the underlying risk factors from their workplaces.

In order to plan practical preventative measures, causes are divided into two major areas – **direct** (immediate) **causes** and **indirect** (underlying) **causes**. To try and find the indirect causes of an accident, many questions must be asked that look beyond direct causes. One way to identify indirect causes is to ask: “Have all the “why’s” been answered?” As long as there is still an unanswered question, all the indirect cause(s) may not have been identified. If the analysis is complete, the indirect cause should be apparent and provide a firm basis for making recommendations. Although not a comprehensive list, some specific details related to these causes are provided in the following tables.
Direct (immediate) causes - unsafe acts or conditions that lead directly to the incident. These could include:

<table>
<thead>
<tr>
<th>Causes</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Unsafe Acts** | • Operating without authority.  
• Improper use and maintenance of tools/equipment.  
• Mixing of incompatible chemicals.  
• Wearing inappropriate or poorly fitting personal protective equipment (PPE) or not wearing it at all.  
• Wearing unsafe personal attire.  
• Inappropriate behaviour/unsafe attitude.  |
| • Entering a confined space without a District permit.  
• Welding, repairing of tanks, containers, etc., without appropriate certification.  
• Inadequate cleaning, oiling, or adjusting.  
• Using inappropriate tool, e.g., knife instead of screwdriver.  
• Modifying or removing safety devices.  
• Mixing a bleach based product with an acid based cleaner creating toxic chlorine gas.  
• Not wearing safety goggles when working with chemicals.  
• Not wearing disposable gloves while being exposed to human body fluids.  
• Loose fitting clothes or jewelry while operating machinery.  
• Horseplay near operating equipment.  
• Failure to listen to direction.  
• Refusal to follow safe work procedures.  
• Laziness or complacency.  |
| **Unsafe Conditions** | • Improper or unsafe lifting techniques.  
• Exceeding safe load limits.  
• Inappropriate storage or placement of materials.  
• Environmental conditions.  
• Obsolete, faulty or worn-out equipment.  
• Inadequate or missing safety devices.  
• Housekeeping  
• Engineering and design.  |
| • Lifting heavy objects without assistance or proper equipment.  
• Overloading of vehicles or lifts.  
• Overloading of shelving resulting in collapse.  
• Storage of oxidizing agents near metals.  
• Not storing flammables in flammable cabinets.  
• Excess noise, poor lighting or inadequate ventilation.  
• Ice, mud, windy weather.  
• Using a saw with a dull blade.  
• A frayed electrical cord.  
• Not having a guard available to use with a table saw.  
• Having inappropriate goggles in a Science Lab for handling chemicals.  
• Accumulation of debris and clutter compromising emergency evacuation of area.  
• Electrical cords across walking areas creating a tripping hazard.  
• Biological and health hazards created by unclean conditions.  
• Inadequate design or space for operation of equipment.  
• Improper placement of equipment.  |
**Indirect (underlying) causes** - human or job factors that contribute directly to the unsafe act or condition (direct cause). These could include:

<table>
<thead>
<tr>
<th>Causes</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual knowledge or training.</td>
<td>• Training program not adequate to prepare individual for task assigned. • Employee not adequately familiar with the expectations of the District Health and Safety Program.</td>
</tr>
<tr>
<td>Selection and assignment of employees.</td>
<td>• Having only one person available to perform tasks that should be completed by two or more individuals. • Assign work beyond an individual’s training and physical capabilities. • Permanent physical limitations such as hearing loss, arthritis, etc. • Permanent cognitive limitation such as poor judgment, lack of capacity to understand. • Language or communication limitations.</td>
</tr>
<tr>
<td>Position Hazard Assessments and Task Hazard Analysis not reviewed with employee.</td>
<td>• Lack of safety meetings and employee involvement. • Lack of emergency preparedness.</td>
</tr>
<tr>
<td>Lack of follow-up on the implementation of the District’s Occupational Health and Safety Program.</td>
<td>• Lack of monitoring of contractor adherence to District health and safety requirements.</td>
</tr>
<tr>
<td>Annual required inspection of equipment did not occur.</td>
<td>• Routine daily inspection of equipment not done. • Failure to complete hazard (near-miss) reports when hazards are identified. • Funding requirements.</td>
</tr>
<tr>
<td>Ordering larger quantities of chemicals than necessary.</td>
<td>• Purchase of 4 caster chairs instead of safer 5 caster chairs.</td>
</tr>
<tr>
<td>General physical fitness.</td>
<td>• Temporary physical limitation such as illness, minor injury, hangover, drug problem, etc. • Temporary cognitive limitation such as distraction due to personal concerns.</td>
</tr>
</tbody>
</table>
6. **Recommend Corrective Action**

Based on the analysis of indirect causes, recommendations may now be made for corrective action. Corrective actions should:

- Treat the cause not the effect.
- Ensure that the recommended measures will enhance and not restrict overall operational effectiveness.
- Eliminate or control all causes.
- Include immediate interim action and/or a long-term remedial plan and timeline.
- Determine follow-up recommendations necessary to prevent re-occurrence.

If the indirect cause(s) are job/system factors then possible recommended corrective actions may include:

- Training or retraining of affected employees.
- Revising task procedures.
- Review of the appropriateness of the employee’s assignment.
- Review of selection criteria for certain positions.
- Review of District standard for a particular type of equipment or material.

If the indirect cause(s) are human factors then possible recommended corrective action may include:

- Discipline measures using a progressive discipline practice should be taken.
- Refer employee to the Employee and Family Assistance Program.

**Investigation Kit**

It is advisable that an investigation kit be kept accessible and ready for use. A basic kit could include:

- A clipboard with paper and accident/incident reports.
- Blank copy of an Accident Report Form.
- Blank copies of Witness Statement Form.
- Pen/pencil.
- Measuring tape.
- Roll of “DO NOT ENTER” tape to secure accident or hazard site.
- Access to a Digital or video camera could also be useful.

**Training Requirements**

The Chief Superintendent and Senior Administration are responsible for ensuring that appropriate District employees have knowledge about the procedures used in reporting and investigating accidents, incidents and hazards. This will involve employees who are at specific work sites, as well as employees who carry District wide responsibilities.

All supervisors will be provided with information related to accident/incident reporting and investigation.
Supervisors shall review relevant information regarding accident, incident and hazard reporting and investigation with their employees on an annual basis. Emphasis should be placed upon the need for timely reporting.

The Business Services Department and the District Health and Safety Representatives serve as a resource for principals and non-school based department heads regarding the accident/incident reporting and investigation process. Assistance may also be obtained from the Superintendents, Educational Services and/or the Superintendent, Human Resources.

Implementation Process

Getting Started
Principals and non-school based department heads shall:

1. Explain to all employees the procedures for accident, incident and hazard (near-miss) reporting. Emphasize the need to immediately report all accidents, incidents and hazards to their supervisor.

2. See that Accident Report Form(s) are readily accessible to all employees at the workplace. These forms should be placed near first aid kit(s). Hazard Report Forms and WCB Worker’s Report of Injury or Occupational Disease Forms should also be available to all staff.

3. Ensure that at least one or two individuals are trained on the EARS program and assigned the responsibility of entering all accident, incident and hazard reports.

4. Establish a process to review serious hazards and accidents/incidents with all staff with the intent of preventing further accidents/incidents.

Ongoing Activities
Principals and non-school based department heads shall:

1. Ensure that all accident, incident and hazard reports are completed and entered into the EARS program and that hard copies are maintained in the Accident/Incident Reports Binder (See Section 15 - Reporting Procedures in the Risk Management Manual) for a period of at least three years.

2. Use hard copies of the recorded Accident and Hazard Reports to create a resource file which can be reviewed to identify trends and develop preventative measures.

3. Review Accident and Hazard Reports and recommendations with employees (and where relevant contractors) to improve their awareness of workplace hazards. Note: always involve the District Health and Safety Representatives when dealing with contractor situations.

4. Cooperate with investigations into serious accidents/incidents when required by legislation, the Business Services Department, District Health and Safety Representatives or relevant Superintendents.

5. Work with the Human Resources Department to assist employees returning to regular or modified work after extended absence.
## Appendix I
### TABLE 1 – Accident Investigation

<table>
<thead>
<tr>
<th>Severity Codes for Accidents</th>
<th>Level of Investigation</th>
<th>Investigator</th>
<th>Action required by Principal or non-school based Department Head</th>
<th>Reports</th>
<th>Follow-up</th>
</tr>
</thead>
</table>
| **Code 1**  
Minor injury. | Local investigation. | Supervisor with participation from JHSC Member | Complete the Six Step Investigation Process. Analyze the accident to determine if the indirect cause can be prevented and establish a plan to prevent future accidents. | Basic accident report entered on EARS for:  
- Employees  
- Volunteers  
- Visitors  
- No report required for students. | Take action to prevent future accidents. If similar accidents occur, review again to determine how to reduce and/or eliminate problem. |
| **Code 2**  
Injuries with minimal long-term repercussions but requiring some first aid attention. | Local investigation. | Supervisor with participation from JHSC Member | Complete the Six Step Investigation Process. Analyze the accident to determine if the indirect cause can be prevented and establish a plan to prevent future accidents. | Basic accident report entered on EARS for all accidents. | Take action to prevent future accidents. If similar accidents occur, review again to determine how to reduce and/or eliminate problem. |
| **Code 3**  
More serious injuries but where immediate emergency medical services attention and transportation is not required. | Local investigation for student accidents. Possible collaborative investigation involving local and District staff for employee, volunteer or visitor accidents. | Supervisor with participation from JHSC Member and possible assistance and/or direction from District OHS staff. | Complete the Six Step Investigation Process. Analyze the accident to determine if the indirect cause can be prevented and establish a plan to prevent future accidents. | Basic accident report entered on EARS for all accidents. | Take action to prevent future accidents. If similar accidents occur, review again to determine how to reduce and/or eliminate problem. |
| **Code 4**  
Serious injuries that require immediate emergency medical services attention and transportation. | Possible collaborative investigation involving local and District staff for all accidents. May require cooperation with outside agencies. | District OHS team with assistance and support from JHSC. May involve separate outside agency investigation. | Assist with investigation by collecting all relevant evidence and information related to accident. | Basic accident report entered on EARS for all accidents.  
Requires a written Accident Report Form being submitted to appropriate District staff. | Take action to prevent future accidents. After consultation with District staff, share results and recommendations of the investigation with relevant staff. Maintain contact with injured party to determine status. |
| **Code 5**  
Death or possible permanent disability. | District led investigation for all accidents. Possible outside agency investigation as well. | District OHS team with assistance and support from JHSC. May involve separate outside agency investigation. | Secure the accident scene and contact your immediate superintendent for direction regarding your involvement in the investigation process. Without disturbing the accident scene, identify all relevant evidence and information related to the accident. Refer media and other inquiries to appropriate District staff. Refer any legal requests or inquiries to Business Services. | Accident report with all physical and testimonial evidence.  
Enter on EARS and forward additional hard copy information to Business Services.  
Requires a written Accident Report Form being submitted to appropriate District staff. | Take action to prevent future accidents. With direction from your superintendent, you may share results and recommendations of the investigation with relevant staff. |
### TABLE 2.1 – Incident (Event) Investigation
(Note difference between **Event** Incidents and **Personal Behavior** Incidents)

<table>
<thead>
<tr>
<th>Impact Code for Incidents (Event)</th>
<th>Level of Investigation</th>
<th>Who does the Investigation</th>
<th>Action required by Principal or non-school based Department Head</th>
<th>Reports</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low</strong> Minimal impact on operations.</td>
<td>Local investigation.</td>
<td>Supervisor with participation from JHSC Member</td>
<td>Complete the Six Step Investigation Process. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.</td>
<td>Basic accident report entered on EARS.</td>
<td>Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.</td>
</tr>
<tr>
<td><strong>Medium</strong> Short-term impact on operations.</td>
<td>Local investigation. Possible cooperation with outside agencies.</td>
<td>Supervisor with participation from JHSC Member and possible assistance and/or direction from District OHS staff.</td>
<td>Complete the Six Step Investigation Process. Conduct or assist with investigation by collecting all relevant evidence and information. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.</td>
<td>Basic accident report entered on EARS. May require a written investigation report being submitted to appropriate District staff.</td>
<td>Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.</td>
</tr>
<tr>
<td><strong>High</strong> Major impact on operations. This includes all situations that have media involvement or legal implications.</td>
<td>Collaborative investigation involving local and District staff. May require cooperation with outside agencies.</td>
<td>District OHS team with assistance and support from JHSC. May involve separate outside agency investigation.</td>
<td>Contact your immediate superintendent for direction regarding your involvement in the investigation process. Refer media and other inquiries to appropriate District staff. Refer any legal requests or inquiries to Business Services.</td>
<td>Basic accident report entered on EARS. May require a written investigation report being submitted to appropriate District staff. Reports should only be shared with outside agencies upon direction from a superintendent.</td>
<td>Take action to prevent future similar incidents. After consultation with District staff, share results and recommendations of the investigation with relevant staff.</td>
</tr>
</tbody>
</table>
**TABLE 2.2 – Incident (Personal Behaviour) Investigation**

<table>
<thead>
<tr>
<th>Impact Code for Incidents (Personal Behaviour)</th>
<th>Level of Investigation</th>
<th>Who does the Investigation</th>
<th>Action required by Principal or non-school based Department Head</th>
<th>Reports</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Routine student disciplinary situations or minor personnel issues.</td>
<td>Local investigation.</td>
<td>Supervisor with participation from JHSC Member</td>
<td>Complete the Six Step Investigation Process. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.</td>
<td>Basic incident report entered on EARS.</td>
<td>Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.</td>
</tr>
<tr>
<td>Medium Significant student disciplinary situations or personnel issues.</td>
<td>Local investigation; Possible collaboration with District staff and/or cooperation with outside agencies.</td>
<td>Supervisor with participation from JHSC Member and possible assistance and/or direction from District OHS staff.</td>
<td>Complete the Six Step Investigation Process. Conduct or assist with investigation by collecting all relevant evidence and information. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.</td>
<td>Basic incident report entered on EARS. May require a written investigation report being submitted to appropriate District staff.</td>
<td>Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.</td>
</tr>
<tr>
<td>High Personal behaviour situations requiring severe consequences. This includes all situations that have media involvement or legal implications.</td>
<td>Collaborative investigation involving local and District staff. May require cooperation with outside agencies.</td>
<td>Supervisor with participation from JHSC Member and under direction of District staff. Possible outside agency investigation as well.</td>
<td>Contact your immediate superintendent for direction regarding the investigation process. Refer media and other inquiries to appropriate District staff. Refer any legal requests or inquiries to Business Services.</td>
<td>Basic incident report entered on EARS. May require a written investigation report being submitted to appropriate District staff. Reports should only be shared with outside agencies upon direction from a superintendent.</td>
<td>Take action to prevent future similar incidents. Where appropriate, and after consultation with District staff, share information with relevant staff.</td>
</tr>
</tbody>
</table>

Note: Any employee personal behaviour incidents where privacy, confidentiality or sensitivity issues exist, should be discussed with your immediate supervisor, e.g., the Superintendent, Educational Services (Area), prior to entering any information into EARS.
### TABLE 3 – Hazard Investigation

<table>
<thead>
<tr>
<th>Classification Code for Hazards</th>
<th>Level of Investigation</th>
<th>Who does the Investigation</th>
<th>Action required by Principal or non-school based Department Head</th>
<th>Reports</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Local investigation</td>
<td>Supervisor with participation from JHSC Member</td>
<td>Resolve immediate problem while taking precautions to prevent future accidents.</td>
<td>Local hard copy of Hazard Report Tracking Form only – keep in OH&amp;S Document Binder.</td>
<td>If further similar situations occur, review again to determine how to reduce and/or eliminate problem.</td>
</tr>
<tr>
<td>Medium</td>
<td>Local investigation</td>
<td>Supervisor with participation from JHSC Member and possible assistance from District OHS and/or Business Services staff.</td>
<td>Resolve immediate problem; analyze to determine if the indirect cause can be prevented; act to prevent future accidents.</td>
<td>Basic Hazard Report entered on EARS for all hazards. Submit SSR request as necessary.</td>
<td>If further similar situations occur, review again to determine how to reduce and/or eliminate problem.</td>
</tr>
<tr>
<td>High</td>
<td>Local investigation with District support where required</td>
<td>Supervisor with participation from JHSC Member and possible assistance from District OHS and/or Business Services staff and/or Superintendents.</td>
<td>Resolve immediate problem; analyze to determine if the indirect cause can be prevented; act to prevent future accidents. Follow-up with District staff to determine resolution of problem.</td>
<td>Basic Hazard Report entered on EARS for all hazards. Submit SR request as necessary. Submit follow-up Hazard Report through EARS if hazard not resolved satisfactorily.</td>
<td>After consultation with District staff, share results and recommendations of the investigation with relevant staff.</td>
</tr>
</tbody>
</table>

See Forms at the end of this section for details regarding Classification Code for Hazards.
Reporting and Investigation Flow Chart

A situation occurs and is reported to principal or non-school based department head. Determine if the situation is an:

- Accident
  - Injury
    - Serious Injury Code 3, 4, & 5
    - Minor Injury Code 1 & 2
    - Provide First Aid and Secure Scene to Avoid Further Injury.
  - No Injury
    - Complete Incident Report on EARS.

- Incident
  - Event
  - Personal Behaviour

- Hazard (near-miss)
  - Enter Hazard Report on EARS. Take appropriate local action to resolve or send Maintenance an SSR for corrective action.
  - Send follow-up Hazard Report to Business Services through EARS if the hazard has not been satisfactorily resolved.

Report the Accident or Incident through EARS. Incidents with injuries require both accident and incident reports. Incidents without injury just require an incident report.

Injured person is a:

- Student
- Employee
- Volunteer or Contractor Employee
- Visitor or other third party

File a student incident and/or accident report through EARS. May require WCB report in circumstances where students are in work experience programs (working in a school or other District location).

Enter employee or volunteer/contractor accident report on EARS.

If WCB eligible, complete WCB Workers Report.

OH&S legislation requires reports and investigations for fatalities, serious injury accidents, fires, floods, explosions, and for structural collapses. Does not include students, as they are not “workers”. Contact Health & Safety Officer for assistance.

Conduct an investigation using the Six Step Process:
1. Get an overview.
2. Gather physical evidence.
3. Interview witnesses.
4. Check any relevant background information.
5. Determine causes.
6. Recommend corrective action(s).

Note: If police are part of the OH&S investigation, seek legal counsel before making a statement to the police as individual criminal charges are possible.
Forms
NEW EARS FORM MARCH 2016

STUDENT
ACCIDENT / ILLNESS / INJURY REPORT

Report Event / ID No: ________________________________

Note: all items in **bold italic** and with *an asterisk* are required fields and **must** be completed

---

**School/Site***

**Date of Event***
(mm/dd/yyyy)

**Time of Event*** (12 hr. clock am or pm)

**Date Reported**
(mm/dd/yyyy)

---

**First Reported to*** (please specify below)

☐ Caretakering / Facility Operator
☐ Coach
☐ Contractor
☐ Family Member

☐ Lunch / Playground Supervisor
☐ Non School based Dept. Head
☐ Principal
☐ Secretary / Support Staff

☐ Superintendent
☐ Supervisor
☐ Teacher
☐ Vice / Assistant Principal

☐ Volunteer
☐ Other (Specify)

---

**Reported To: First Name** ____________________ **Reported To: Last Name** ____________________

---

**Information Description of Event*** (Factual Description of Accident / Incident Injury)

---

**Location**

**Did this event occur at School? (where)***

☐ Yes  ☐ No  ☐ Unknown

---

**If No, give location details***

☐ Cafeteria / Concession
☐ Change / Locker Room

☐ Creative Playground
☐ Crosswalk

☐ Fine Arts Room
☐ Fitness / Weight Room

☐ Library
☐ Parking Lot – Staff

☐ Roof
☐ Science Lab

☐ Stairs – exterior
☐ Stairs - Interior

☐ Tarmac
☐ Theatre / Stage

---

**Media**

Is Media involved or likely to be involved?

☐ Yes  ☐ No  ☐ Unknown

If yes give Details

---

**Submitter's Details**

**Submitter’s First Name*** ____________________ **Submitter’s Last Name*** ____________________

**Submitter’s Work Email*** ____________________ **Submitter’s Phone*** ____________________

---

**Submitter’s Supervisor**

☐ Caretakering / Facility Operator
☐ Lunch / Playground Supervisor

☐ Non-School based Dept. Head
☐ Principal

☒ Secretary / Support Staff
☐ Superintendent
☐ Support Counselor

☐ Volunteer
☐ Other (Specify)

Version: March 2016

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NEW EARS FORM MARCH 2016

Supervisor's First Name* ___________________________ Supervisor's Last Name* ___________________________
Supervisor's Work Email* ___________________________

Involved Person
Student's First Name* ___________________________ Last Name* ___________________________
Date of Birth (mm/dd/yyyy) ___________________________ Grade (Pre-K, K, 1 – 13) ___________________________
Gender □ Male □ Female □ Other (specify) ___________________________

Information
Additional Information Specific to Involved Person

Parent / Guardian
Were the parents notified? □ Yes □ No □ Unknown Date notified (mm/dd/yyyy) ___________________________ Time Notified (12 hr. clock am/pm) ___________________________
Parent/Guardian First Name ___________________________ Parent/Guardian Last Name ___________________________
Did parent pick up child? □ Yes □ No □ Unknown
Parent/Guardian Phone ___________________________ Parent/Guardian Email ___________________________
Parent/ Guardian Comments (if known)

Injuries / First Aid
Person Injured? □ Yes □ No □ Unknown First Aid Administered?* □ Yes □ No □ Unknown
Description of First Aid Administered*

First Aider's First Name*: ___________________________ LAST Name*: ___________________________
Qualified District First Aider? □ Yes □ No □ Unknown
First Aid Qualification* □ Advanced □ Emergency □ Nurse □ Standard □ Wilderness
EMS Called?* □ Yes □ No □ Unknown Transported by EMS? □ Yes □ No □ Unknown
Was transported by EMS what was the destination? ___________________________
Was there Other Transportation? ___________________________
Was Further Medical Attention Sought? □ Yes □ No □ Unknown

Version: March 2016
**NEW EARS FORM MARCH 2016**

**STUDENT**

**ACCIDENT / ILLNESS / INJURY REPORT**

---

**If Further Medical Attention was Sought, please specify below**

- [ ] Chiropractor
- [ ] Dentist
- [ ] Doctor
- [ ] Physiotherapy
- [ ] Other (specify)

Were there any Pre-Existing Medical Conditions:

---

**Legal / Workers Compensation**

*Has Legal action been threatened?*

- [ ] Yes
- [ ] No
- [ ] Unknown
- [ ] Details

---

**Injury / Illness**

**Program**

<table>
<thead>
<tr>
<th>Assembly</th>
<th>Before/After School</th>
<th>CTS – Automotive</th>
<th>CTS – Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTS – Culinary</td>
<td>CTS – Other</td>
<td>Employee-assigned duties</td>
<td>Extra-curricular Activities</td>
</tr>
<tr>
<td>Field Trip</td>
<td>Fine Arts</td>
<td>Free Time / Spare / Study Period</td>
<td>Interscholastic Game / Practice</td>
</tr>
<tr>
<td>Intramurals</td>
<td>N/A</td>
<td>Physical Education / Active Living</td>
<td>Play day / Sports Day</td>
</tr>
<tr>
<td>Recess / Noon Hour</td>
<td>Regular Classroom</td>
<td>Science</td>
<td>Transition between Classes</td>
</tr>
<tr>
<td>Work Study / RAP</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity**

<table>
<thead>
<tr>
<th>Assembly</th>
<th>Baseball / Softball</th>
<th>Basketball</th>
<th>Canoeing, Kayaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Change / Transition</td>
<td>Class or Shop Activities</td>
<td>Curling</td>
<td>Dance</td>
</tr>
<tr>
<td>Dodge Ball</td>
<td>Field Hockey</td>
<td>Floor Hockey</td>
<td>Football – req. touch</td>
</tr>
<tr>
<td>Football – tackle</td>
<td>Football (tackle)</td>
<td>Free Play</td>
<td>Gymnastics</td>
</tr>
<tr>
<td>Ice Sports – Hockey/Skating</td>
<td>In-Line Skating</td>
<td>Lacrosse</td>
<td>Racquet Games</td>
</tr>
<tr>
<td>Rollerblading</td>
<td>Rugby</td>
<td>Skiing / Snowboarding</td>
<td>Soccer</td>
</tr>
<tr>
<td>Studying</td>
<td>Swimming / Water Sports</td>
<td>Track &amp; Field</td>
<td>Volleyball</td>
</tr>
<tr>
<td>Walking / Running</td>
<td>Weight Room Training</td>
<td>Work Experience</td>
<td>Wrestling</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Equipment Involved (if applicable)**

<table>
<thead>
<tr>
<th>Athletic Equipment</th>
<th>Bicycle</th>
<th>Box Horses</th>
<th>Chemicals</th>
<th>Climbing Apparatus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine Art Equipment</td>
<td>Flying Fox / Glider</td>
<td>Gymnastic Equipment</td>
<td>Home Economic Equipment</td>
<td>Other Playground Equipment</td>
</tr>
<tr>
<td>Ladder / Lift Equipment</td>
<td>Monkey Bars</td>
<td>N/A</td>
<td>Other Playground Equipment</td>
<td>Ski Snowboard</td>
</tr>
<tr>
<td>Science Lab Equipment</td>
<td>Scooters – Phys Ed</td>
<td>Skates – Ice / Inline</td>
<td>Ski Snowboard</td>
<td>Slide</td>
</tr>
<tr>
<td>Spider Web</td>
<td>Swing</td>
<td>Teeter Totter</td>
<td>Tetherball</td>
<td>Tools</td>
</tr>
<tr>
<td>Track &amp; Field Equipment</td>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Corrective Actions Taken If Applicable**

---

**Version: March 2016**
NEW EARS FORM MARCH 2016

<table>
<thead>
<tr>
<th>Cause of Injury* (check as many that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Accidental collision between participants</td>
<td>☐ Aggravation of Pre-existing injury</td>
</tr>
<tr>
<td>☐ Bite (animal/human/insect)</td>
<td>☐ Blow / Hit / Trip caused by another person</td>
</tr>
<tr>
<td>☐ Body contact in normal course of activity</td>
<td>☐ Carelessness on the part of individual</td>
</tr>
<tr>
<td>☐ Fall / Trip not due to obvious factor</td>
<td>☐ Fall or loss of balance on apparatus</td>
</tr>
<tr>
<td>☐ Injury to self by student – unintentional</td>
<td>☐ No clear apparent cause</td>
</tr>
<tr>
<td>☐ Repetitive Strain</td>
<td>☐ Site Hazard</td>
</tr>
<tr>
<td>☐ Slip / Fall (other)</td>
<td>☐ Strain or over exertion</td>
</tr>
<tr>
<td>☐ Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury / Illness Type*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Aches / Pains</td>
<td>☐ Allergic Reaction</td>
</tr>
<tr>
<td>☐ Bleed, bruise or swelling</td>
<td>☐ Breathing difficulties / Asthma</td>
</tr>
<tr>
<td>☐ Burn</td>
<td>☐ Concussion</td>
</tr>
<tr>
<td>☐ Dislocated / Separated joint</td>
<td>☐ Dizziness / Light headed</td>
</tr>
<tr>
<td>☐ Fainting, loss of consciousness</td>
<td>☐ Fatality</td>
</tr>
<tr>
<td>☐ Hearing loss</td>
<td>☐ Irritation of throat / eye / skin / nose</td>
</tr>
<tr>
<td>☐ Scrape or bump</td>
<td>☐ Seizure</td>
</tr>
<tr>
<td>☐ Tooth / Teeth Injury</td>
<td>☐ Vomiting / Nausea</td>
</tr>
<tr>
<td>☐ Other (Specify)</td>
<td>☐ Wound</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part (please circle left or right where applicable)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Abdomen / Stomach</td>
<td>☐ Ankle Left / Right</td>
</tr>
<tr>
<td>☐ Chest Area</td>
<td>☐ Chin</td>
</tr>
<tr>
<td>☐ Foot / Right Leg – upper Thigh Left / Right</td>
<td>☐ Groin Left / Right</td>
</tr>
<tr>
<td>☐ Mouth</td>
<td>☐ N/A</td>
</tr>
<tr>
<td>☐ Side / Ribs</td>
<td>☐ Teeth</td>
</tr>
<tr>
<td>☐ Teeth</td>
<td>☐ Toes</td>
</tr>
<tr>
<td>☐ Toes</td>
<td>☐ Wrist</td>
</tr>
<tr>
<td>☐ Wrist</td>
<td>☐ Other (specify)</td>
</tr>
<tr>
<td>☐ Arm – lower Left / Right</td>
<td>☐ Arm – upper Left / Right</td>
</tr>
<tr>
<td>☐ Arm – upper Left / Right</td>
<td>☐ Back</td>
</tr>
<tr>
<td>☐ Collarbone Left / Right Hand Left / Right</td>
<td>☐ Ear(s) Left / Right</td>
</tr>
<tr>
<td>☐ Collarbone Left / Right Hand Left / Right</td>
<td>☐ Elbow Left / Right</td>
</tr>
<tr>
<td>☐ Collarbone Left / Right Hand Left / Right</td>
<td>☐ Hip Left / Right</td>
</tr>
<tr>
<td>☐ Collarbone Left / Right Hand Left / Right</td>
<td>☐ Knee Left / Right</td>
</tr>
<tr>
<td>☐ Ear(s) Left / Right</td>
<td>☐ Hip Left / Right</td>
</tr>
<tr>
<td>☐ Eye(s) Left / Right</td>
<td>☐ Knee Left / Right</td>
</tr>
<tr>
<td>☐ Eye(s) Left / Right</td>
<td>☐ Head</td>
</tr>
<tr>
<td>☐ Eye(s) Left / Right</td>
<td>☐ Neck / Throat</td>
</tr>
<tr>
<td>☐ Eye(s) Left / Right</td>
<td>☐ Nose</td>
</tr>
<tr>
<td>☐ Finger(s) / Thumb</td>
<td>☐ Possible Internal Injuries</td>
</tr>
<tr>
<td>☐ Hip Left / Right</td>
<td>☐ Shoulder Left / Right</td>
</tr>
<tr>
<td>☐ Knee Left / Right</td>
<td>☐ Shoulder Left / Right</td>
</tr>
</tbody>
</table>

- If there are multiple involved persons (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report
- If there is a hazard associated with this injury complete a HAZARD FORM and attach to this report

**Witness** *(Use separate sheet if more than one witness)*

Were there any witnesses**?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Witness FIRST Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Witness LAST Name:</th>
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</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Email</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Witness Roll**

- ☐ Bystander  ☐ Contractor  ☐ Daycare  ☐ Employee  ☐ Neighbour
- ☐ Supervisor  ☐ Unknown  ☐ Volunteer

**Date of Report:***

<table>
<thead>
<tr>
<th>Report Approved by: (print clearly)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position (print clearly)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version: March 2016

Page 4 of 4
Accident / Injury / Illness Report Form (Employee)

NEW EARS FORM MARCH 2016

CALGARY CATHOLIC SCHOOL DISTRICT

EMLOYEE
ACCIDENT / ILLNESS / INJURY REPORT

Report Event / ID No: __________________________

Note: all items in bold italic and with an asterisk are required fields and must be completed

School/Site*

Date Reported (mm/dd/yyyy) __________________________

First Reported to* (please specify below)

☐ Caretaking / Facility Operator ☐ Coach ☐ Contractor ☐ Family Member
☐ Lunch / Playground Supervisor ☐ Non School based Dept. Head ☐ Principal ☐ Secretary / Support Staff
☐ Superintendent ☐ Supervisor ☐ Teacher ☐ Vice / Assistant Principal
☐ Volunteer ☐ Other (Specify)

Reported to: First Name ____________________________ Reported To: Last Name ____________________________

Information Description of Event* (Factual Description of Accident / Incident)

Location

Did this event occur at School? (where)* ☐ Yes ☐ No If No, give location details*

☐ Administration Office ☐ Boot Room / Mud Room ☐ Cafeteria / Concession ☐ Change / Locker Room
☐ Classroom – portable ☐ Classroom – regular ☐ Creative Playground ☐ Crosswalk
☐ CTS Lab ☐ Custodian / Caretaker Room ☐ Fine Arts Room ☐ Fitness / Weight Room
☐ Gymnasium ☐ Hallway ☐ Library ☐ Parking Lot – staff
☐ Parking Lot – student ☐ Playing Field ☐ Roof ☐ Science Lab
☐ Sidewalk ☐ Staff Room ☐ Stairs – exterior ☐ Stairs - Interior
☐ Stairs – portables ☐ Storage Room ☐ Tarmac ☐ Theatre / Stage
☐ Washroom

Media

Is Media involved or likely to be involved? ☐ Yes ☐ No ☐ Unknown

If yes give Details

Submitter's Details

Submitter's First Name* ____________________________ Submitter's Last Name* ____________________________

Submitter's Work Email* ____________________________ Submitter's Phone ____________________________

Version: January 2017

Page 1 of 4
NEW EARS FORM MARCH 2016

EMPLOYEE
ACCIDENT / ILLNESS / INJURY REPORT

Submitter's Supervisor
☐ Caretaking / Facility Operator
☐ Secretary / Support Staff
☐ Team Leader
☐ Lunch / Playground Supervisor
☐ Superintendent
☐ Vice / Assistant Principal
☐ Non-School based Dept. Head
☐ Support Counsellor
☐ Volunteer
☐ Principal
☐ Teacher
☐ Other (specify)

Supervisor's First Name*

Supervisor's Last Name*

Supervisor's Work Email*

Involved Person

Employee's First Name*

Last Name*

Gender ☐ Male ☐ Female ☐ Other (Specify)

Phone Number

Email Address

Covered by WCB? ☐ Yes ☐ No ☐ Unknown

Status ☐ Caretaking ☐ Certified Staff ☐ Exempt Staff ☐ Support Staff ☐ Trades ☐ Other (Specify)

Employee ID

Job Position

Service Unit / Department

Information

Additional Information Specific to Involved Person

Injuries / First Aid

Person Injured?* ☐ Yes ☐ No ☐ Unknown

First Aid Administered?* ☐ Yes ☐ No ☐ Unknown

Description of First Aid Administered*

First Aider's First Name*:

Last Name*:

Qualified District First Aider?* ☐ Yes ☐ No ☐ Unknown

First Aid Qualification* ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness

EMS Called?* ☐ Yes ☐ No ☐ Unknown

Transported by EMS? ☐ Yes ☐ No ☐ Unknown

If transported by EMS what was the destination?

Was there Other Transportation?

Was Further Medical Attention Sought? ☐ Yes ☐ No ☐ Unknown

If Further Medical Attention was Sought, please specify below*

☐ Chiropractor ☐ Dentist ☐ Doctor ☐ Physiotherapy ☐ Other (specify)

Version: January 2017

Page 2 of 4
NEW EARS FORM MARCH 2016

EMLOYEE

ACCIDENT / ILLNESS / INJURY REPORT

Were there any Pre-Existing Medical Conditions: ______________________________

__________________________

Legal / Workers Compensation

Has Legal action been threatened?*  ☐ Yes  ☐ No  ☐ Unknown

If Yes, Details

Is this a Workplace Violence Issue?  ☐ Yes  ☐ No  ☐ Unknown

Parties Involved  ☐ Parent to Staff  ☐ Staff to Staff  ☐ Student to Staff  ☐ Volunteer to Staff  ☐ Other

Is there a Current Hazard Assessment for this position?  ☐ Yes  ☐ No  ☐ Unknown

Did Person Lose time from Work?  ☐ Yes  ☐ No  ☐ Unknown  First Day of lost time (mm/dd/yyyy) ________________________

Duties Modified after Accident?  ☐ Yes  ☐ No  ☐ Unknown

If yes please contact Employee Wellness at (403) 500-2703, or (403) 500-2494 or (403) 500-2491.

Injury / Illness

Program*

☐ Assembly  ☐ Before/ After School  ☐ CTS – Automotive  ☐ CTS – Construction
☐ CTS – Culinary  ☐ CTS – Other  ☐ Employee-assigned duties  ☐ Extra-curricular Activities
☐ Field Trip  ☐ Fine Arts  ☐ Free Time / Spare / Study Period  ☐ Interscholastic Game / Practice
☐ Intramurals  ☐ N/A  ☐ Physical Education / Active Living  ☐ Play day / Sports Day
☐ Recess / Noon Hour  ☐ Regular Classroom  ☐ Science  ☐ Transition between Classes
☐ Work Study / RAP  ☐ Other (specify)

Activity*

☐ Cafeteria / Concession Duties  ☐ Caretaking  ☐ Classroom Preparation  ☐ Delivery / Transportation
☐ General Office / School Work  ☐ Handling / Moving Equipment, Books or Materials  ☐ Instruction
☐ Leaving / Entering School Grounds  ☐ Maintenance / Grounds Work  ☐ Participate in Intramurals
☐ Restraint of Student  ☐ Supervision  ☐ Walking
☐ Working With / Asst. Special Needs Student
☐ Other (Specify)

Equipment Involved (if applicable)

☐ Athletic Equipment  ☐ Bicycle  ☐ Box Horses  ☐ Chemicals  ☐ Climbing Apparatus
☐ Fine Art Equipment  ☐ Flying Fox / Glider  ☐ Gymnastic Equipment  ☐ Home Economic Equipment
☐ Ladder / Lift Equipment  ☐ Monkey Bars  ☐ N/A  ☐ Other Playground Equipment
☐ Science Lab Equipment  ☐ Scooters – Phys Ed  ☐ Skates – Ice / Inline  ☐ Ski Snowboard
☐ Spider Web  ☐ Swing  ☐ Teeter Totter  ☐ Tetherball
☐ Track & Field Equipment  ☐ Other (specify)  ☐ Tools

Corrective Actions Taken, if Applicable ______________________________
NEW EARS FORM MARCH 2016

EMPLOYEE

ACCIDENT / ILLNESS / INJURY REPORT

Cause of Injury* (check as many that apply)
- Accidental collision between participants
- Bite (animal/human/insect)
- Body contact in normal course of activity
- Fall / Trip not due to observed factor
- Injury to staff by student – unintentional
- Repetitive Strain
- Slip / Fall (other)
- Other (specify)
- Aggravation of Pre-existing injury
- Blow / Hit / Trip caused by another person
- Carelessness on the part of individual
- Fall or loss of balance on apparatus
- No clear apparent cause
- Site Hazard
- Assault
- Blow delivered by object (ball, bat, etc.)
- Choking
- Injury to staff by student – intentional
- Obstruction on playing field
- Slip / Fall (ice)

Injury / Illness Type*
- Aches / Pains
- Bleed, bruise or swelling
- Burn
- Dislocated / Separated joint
- Fainting, loss of consciousness
- Hearing loss
- Scrape or bump
- Tooth / Teeth injury
- Other (specify)
- Allergic Reaction
- Breathing difficulties / Asthma
- Concussion
- Dizziness / Light headed
- Fatality
- Irritation of throat / eye / skin / nose
- Seizure
- Vomiting / Nausea
- Back / Spinal injury
- Broken or fractured bones
- Cut / Laceration / Irritation
- Eye injury
- Headache
- Permanent disability
- Strain or sprain
- Wound

Body Part (please circle left or right where applicable)

<table>
<thead>
<tr>
<th>Abdomen / Stomach</th>
<th>Ankle Left / Right</th>
<th>Arm – lower Left / Right</th>
<th>Arm – upper Left / Right</th>
<th>Back</th>
<th>Buttocks Left / Right</th>
<th>Cheek(s) Left / Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Area</td>
<td>Chin</td>
<td>Collarbone Left / Right</td>
<td>Ear(s) Left / Right</td>
<td>Elbow Left / Right</td>
<td>Eye(s) Left / Right / Both Knee Left / Right</td>
<td>Finger(s) / Thumb</td>
</tr>
<tr>
<td>Foot Left / Right Leg – upper thigh</td>
<td>Groin Left / Right</td>
<td>Hand Left / Right</td>
<td>Head</td>
<td>Hip Left / Right</td>
<td>Knee Left / Right</td>
<td>Left hand / Right hand</td>
</tr>
<tr>
<td></td>
<td>Mouth</td>
<td>N/A</td>
<td>Neck / Throat</td>
<td>Nose</td>
<td>Possible Internal Injuries</td>
<td>Leg – lower calf Left / Right</td>
</tr>
<tr>
<td>Side / Ribs</td>
<td>Teeth</td>
<td>Toes</td>
<td>Wrist</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If there are multiple involved persons (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report.
- If there is a hazard associated with this injury complete a HAZARD FORM and attach to this report.

Witness* (Use separate sheet if more than one witness)

Were there any witnesses*?  Yes ☐ No ☐

Witness FIRST Name: ___________________________  Witness LAST Name: ___________________________

Phone Number ___________________________  Email ___________________________

Witness Roll*

- ☐ Bystander
- ☐ Contractor
- ☐ Daycare
- ☐ Employee
- ☐ Neighbour
- ☐ Student
- ☐ Supervisor
- ☐ Unknown
- ☐ Volunteer

Date of Report: ___________________________  Report Approved by: ___________________________

(print clearly)

Position ___________________________

Version: January 2017  Page 4 of 4
<table>
<thead>
<tr>
<th><strong>School/Site</strong>*</th>
<th><strong>Date of Event</strong>* (mm/dd/yyyy)</th>
<th><strong>Date Reported</strong> (mm/dd/yyyy)</th>
<th><strong>Time of Event</strong> (12 hr. clock am or pm)</th>
</tr>
</thead>
</table>

**Report Event / ID No:**

---

**Note:** all items in *bold italic* and with an *asterisk* are required fields and must be completed

**Information Description of Event** (Factual Description of Accident / Incident)

---

**Location**

<table>
<thead>
<tr>
<th>Did this event occur at School? (where)?*</th>
<th>Yes</th>
<th>No</th>
<th>If No, give location details*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Office</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Classroom – portable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CTS Lab</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gymnasium</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parking Lot – student</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sidewalk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stairs – portables</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Washroom</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Boot Room / Mud Room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Classroom – regular</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Custodian / Caretaker Room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hallway</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Playing Field</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Staff Room</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Storage Room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cafeteria / Concession</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Creative Playground</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Fine Arts Room</td>
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<td>Library</td>
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<td>Roof</td>
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<tr>
<td>Stairs – exterior</td>
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</tr>
<tr>
<td>Tarmac</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Change / Locker Room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Crosswalk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fitness / Weight Room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parking Lot – staff</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Science Lab</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stairs - Interior</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Theatre / Stage</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Media**

<table>
<thead>
<tr>
<th>Is Media involved or likely to be involved?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes give Details

**Submitter's Details**

<table>
<thead>
<tr>
<th><strong>Submitter’s First Name</strong>*</th>
<th><strong>Submitter’s Last Name</strong>*</th>
<th><strong>Submitter’s Work Email</strong>*</th>
<th><strong>Submitter’s Phone</strong>*</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

**Supervisor**

<table>
<thead>
<tr>
<th>Caretaking / Facility Operator</th>
<th>Lunch / Playground Supervisor</th>
<th>Non-School based Dept. Head</th>
<th>Principal</th>
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</thead>
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<tr>
<td>Secretary / Support Staff</td>
<td>Superintendent</td>
<td>Support Counsellor</td>
<td>Teacher</td>
</tr>
<tr>
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</tr>
<tr>
<td>Team Leader</td>
<td>Vice / Assistant Principal</td>
<td>Volunteer</td>
<td>Other (specify)</td>
</tr>
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</tr>
</tbody>
</table>

**Version:** March 2016
NEW EARS FORM MARCH 2016
CONTRACTOR / VOLUNTEER / PARENT / VISITOR
ACCIDENT / ILLNESS / INJURY REPORT

Supervisor's First Name* ___________________ Supervisor's Last Name* ___________________

Supervisor's Work Email*

Involved Person
Involved Person is a ☐ Contractor ☐ Parent ☐ Visitor ☐ Volunteer
Involved Person's First Name* ___________________ Involved Person's Last Name* ___________________

Gender ☐ Male ☐ Female ☐ Other (Specify)

Phone Number _____________________ Email Address ___________________

If the Involved Person is a Contractor, Name of Employer ___________________

Information
Additional Information Specific to Involved Person

Injuries / First Aid

Person Injured?* ☐ Yes ☐ No ☐ Unknown
First Aid Administered?* ☐ Yes ☐ No ☐ Unknown

Description of First Aid Administered*

First Aider's First Name*: ___________________ LAST Name*: ___________________

Qualified District First Aider? ☐ Yes ☐ No ☐ Unknown
First Aid Qualification* ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness
EMS Called?* ☐ Yes ☐ No ☐ Unknown
Transported by EMS? ☐ Yes ☐ No ☐ Unknown

If transported by EMS what was the destination? ___________________

Was there Other Transportation? ___________________

Was Further Medical Attention Sought? ☐ Yes ☐ No ☐ Unknown

If Further Medical Attention was Sought, please specify below*
☐ Chiropractor ☐ Dentist ☐ Doctor ☐ Physiotherapy ☐ Other (specify)

Were there any Pre-Existing Medical Conditions:

Legal / Workers Compensation

Has Legal action been threatened?* ☐ Yes ☐ No ☐ Unknown ☐ Details

Version: March 2016

Page 2 of 4
## Injury / Illness

**Program**
- Assembly
- CTS – Culinary
- Field Trip
- Intramurals
- Recess / Noon Hour
- Work Study / RAP
- Before/ After School
- CTS – Other
- Fine Arts
- N/A
- Regular Classroom
- Other (specify)
- CTS – Automotive
- Employee-assigned duties
- Free Time / Spare / Study Period
- Physical Education / Active Living
- Science
- CTS – Construction
- Extra-curricular Activities
- Interscholastic Game / Practice
- Play day / Sports Day
- Transition between Classes

**Activity**
- Cafeteria / Concession Duties
- Caretaking
- Classroom Preparation
- Delivery / Transportation
- General Office / School Work
- Handling / Moving Equipment, Books or Materials
- Instruction
- Leaving / Entering School Grounds
- Maintenance / Grounds Work
- Participate in Intramurals
- Restraint of Student
- Supervision
- Walking
- Working With / Asst. Special Needs Student
- Other (Specify)

**Equipment Involved** (if applicable)
- Athletic Equipment
- Bicycle
- Box Horses
- Chemicals
- Climbing Apparatus
- Fine Art Equipment
- Flying Fox / Glider
- Gymnastic Equipment
- Home Economic Equipment
- Ladder / Lift Equipment
- Monkey Bars
- N/A
- Other Playground Equipment
- Science Lab Equipment
- Scooters – Phys Ed
- Skates – Ice / Inline
- Ski Snowboard
- Spider Web
- Swing
- Teeter Totter
- Slide
- Track & Field Equipment
- Other (specify)
- Tetherball
- Tools

**Corrective Actions Taken, if Applicable**

**Cause of Injury** (check as many that apply)
- Accidental collision between participants
- Bite (animal/human/insect)
- Body contact in normal course of activity
- Fall / Trip not due to observed factor
- Injury to staff by student – unintentional
- Repetitive Strain
- Slip / Fall (other)
- Other (specify)
- Aggravation of Pre-existing injury
- Blow / Hit / Trip caused by another person
- Carelessness on the part of individual
- Fall or loss of balance on apparatus
- No clear apparent cause
- Site Hazard
- Strain or over exertion
- Assault
- Blow delivered by object (ball, bat, etc.)
- Choking
- Injury to staff by student – intentional
- Obstruction on playing field
- Slip / Fall (ice)

**Injury / Illness Type**
- Aches / Pains
- Bleed, bruise or swelling
- Burn
- Dislocated / Separated joint
- Fainting, loss of consciousness
- Hearing loss
- Scrape or bump
- Tooth / Teeth injury
- Other (Specify)
- Allergic Reaction
- Breathing difficulties / Asthma
- Concussion
- Dizziness / Light headed
- Fatality
- Irritation of throat / eye / skin / nose
- Seizure
- Vomiting / Nausea
- Back / Spinal Injury
- Broken or fractured bones
- Cut / Laceration / Irritation
- Eye Injury
- Headache
- Permanent disability
- Strain or sprain
- Wound
Body Part (please circle left or right where applicable)

- Abdomen / Stomach
- Chest Area
- Foot Left / Right
- Leg – upper thigh Left / Right
- Side / Ribs
- Ankle Left / Right
- Chin
- Groin Left / Right
- Mouth
- Arm – lower Left / Right
- Collarbone Left / Right
- Hand Left / Right
- N/A
- Arm – upper Left / Right
- Ear(s) Left / Right
- Head
- Neck / Throat
- Back
- Elbow Left / right
- Hip Left / Right
- Nose
- Wrist
- Other (specify)
- Buttocks Left / Right
- Eye(s)
- Knee Left / Right
- Leg – lower calf Left / Right
- Shoulder Left / Right
- Cheek(s) Left / Right
- Finger(s) / Thumb
- Left hand / Right hand
- Left / Right

- If there are multiple involved persons (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report

- If there is a hazard associated with this injury complete a HAZARD FORM and attach to this report

**Witness** *(Use separate sheet if more than one witness)*

**Were there any witnesses?**

- Yes
- No

**Witness FIRST Name:** ________________________________ **Witness LAST Name:** ________________________________

**Phone Number:** ________________________________

**Email:** ________________________________

**Witness Roll:**

- Bystander
- Contractor
- Daycare
- Employee
- Neighbour
- Supervisor
- Unknown
- Volunteer

**Date of Report:** ________________________________

**Report Approved by:** ________________________________ *(print clearly)*

**Position:** ________________________________ *(print clearly)*
ACCIDENT/INCIDENT INVESTIGATION REPORT

1. SITE INFORMATION
Location:  Address:  Date:

2. EMPLOYEE INFORMATION (person injured)
Injured’s Name:  Occupation:  Phone No.:
Part of Body:  Nature of Injury or Illness:

3. INCIDENT INFORMATION
Date of Incident:  Time of Day:  Location of Incident:
Date Reported:  Time Reported:  Incident Reported To:
EARS ID#  Name of Supervisor when Incident Occurred:  Incident Reported By:

Conditions at time of Incident:

Description of Incident:

4. RISK (see matrix below for explanation of potential and probability):

<table>
<thead>
<tr>
<th>Severity (potential consequences of exposure to the hazard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Probability (likelihood of an incident occurring)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency (degree of exposure to the hazard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>

(Add the points together that were received in each category to come up with the risk level for the task (severity + probability + frequency = risk))

<table>
<thead>
<tr>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>
5. CAUSE ANALYSIS
Direct (Immediate) Causes:

Indirect (Underlying) Causes:

6. IMMEDIATE ACTION(S) TAKEN
Description:

<table>
<thead>
<tr>
<th>Was injured individual transported to medical facility?</th>
<th>Yes</th>
<th>No</th>
<th>By Whom:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which Facility:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was First Aid Provided?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Whom:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If student, were parent(s) and/or guardian contacted?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Witnesses:

7. ACTION PLAN

<table>
<thead>
<tr>
<th>Specific Steps to Correct Identified Causes</th>
<th>Person(s) Accountable</th>
<th>Timeline for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate Interim Action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term Remedial Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. ATTACHMENTS (pictures, work orders, diagram, etc):

SIGNATURES:

Investigator: ___________________________ Date: ___________________________

Principal or Immediate Supervisor: ___________________________ Date: ___________________________

Superintendent: ___________________________ Date: ___________________________

C.c.
Hazard Classifications

High Hazard

A condition or practice likely to cause permanent disability, loss of life or body part and/or extensive loss of structure, equipment and material. Immediate action required to address these situations.

Example 1: A guard missing on a table saw (power should be disconnected, blade removed and saw not used until guard is replaced).

Example 2: Maintenance employees servicing a large sump pump in an unventilated deep pit, with a gasoline motor running (stop work until appropriate confined space procedures are in place).

Medium Hazard

A condition or practice likely to cause injury or illness resulting in temporary disability and/or property damage that is disruptive but not extensive.

Example 1: A leaking water pipe in a hallway or washroom (place warning signs, contain leak and have repaired as soon as possible).

Example 2: A broken tread at the bottom of stairs (place warning signs and leave in place until repair work completed).

Low Hazard

A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage.

Example 1: A carpenter handling rough lumber without gloves.

Example 2: A custodian using mild cleaning products without adequate ventilation.

Hazard Response

Principals and non-school based department heads should make every effort to address hazards locally. Some hazards require Maintenance Department action but local action should be taken on a temporary basis to reduce or eliminate the hazard until permanent repairs can be made.

Note that the Maintenance Department receives thousands of requests annually for repairs and must set priorities based on urgency, budget and available resources.

It is essential that service requests (SR) provide sufficient information to identify the nature and urgency of the hazard. Use the “long description” available in the SR to fully describe the hazard.

It is also essential that local action be taken while waiting for Maintenance Department repairs. Where local actions are not possible and the urgency of the hazard repair is great, the SR should be clear that a high hazard situation requiring Maintenance Department immediate action exists. Do not “cry wolf” by identifying all repairs as “urgent” or “high hazard” as this could result in delays in dealing with legitimate high hazard situations.
Good Catch Hazard Report Form (Non-Injury/Near Miss)

Date of Report: ___________________________  Submitter’s Name: ___________________________

School/Building*: ___________________________  Specific Location: ___________________________

Hazard Information* (Description of Hazard)

<table>
<thead>
<tr>
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Direct/Indirect Causes* (unsafe acts or conditions that lead directly to the incident/human or job factors that contribute directly to the unsafe act or conditions):

Corrective Action/Recommendation*:

| Action taken by Whom: ___________________________  Date Action Taken: ___________________________ |
|--------------------------------------------------|-----------------------------------------------|

Note: all Items and Sections noted in **bold italics with an asterisk** are required in order to submit an electronic hazard report. Principal/Non-school based department head must be informed/review all reported hazards.

Date of Report: ___________________________  Submitter’s Name: ___________________________

School/Building*: ___________________________  Specific Location: ___________________________

Hazard Information* (Description of Hazard)

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Corrective Action/Recommendation*:

| Action taken by Whom: ___________________________  Date Action Taken: ___________________________ |
|--------------------------------------------------|-----------------------------------------------|
NEW EARS FORM MARCH 2016

HAZARD REPORT FORM
(Non-Injury)

Report Event / ID No: ________________________________

Note: all Items and Sections noted in **bold italics with an asterisk** are required in order to submit an electronic hazard report

School / Site*: ________________________________
Date of Incident*: (mm/dd/yyyy)

Time of Incident*: (12 hr clock AM or PM)

Location

Did this event occur at School? (where)*
☐ Yes ☐ No

If No, give location details*

☐ Administration Office
☐ Classroom – portable
☐ CTS Lab
☐ Gymnasium
☐ Parking Lot – staff
☐ Science Lab
☐ Stairs – interior
☐ Theatre / Stage

☐ Boot Room / Mud Room
☐ Classroom – regular
☐ Custodian / Caretaker Room
☐ Hallway
☐ Parking Lot – student
☐ Sidewalk
☐ Stairs – portables
☐ Washroom

☐ Cafeteria / Concession
☐ Creative Playground
☐ Fine Arts Room
☐ Library
☐ Playing Field
☐ Staff Room
☐ Storage Room
☐ Other (specify)

☐ Change / Locker Room
☐ Crosswalk
☐ Fitness / Weight Room
☐ Mechanical Room
☐ Roof
☐ Stairs – exterior
☐ Tarmac

Type of Hazard*

☐ Air Quality
☐ Confined Space
☐ Ergonomics
☐ Lifting / Carrying
☐ Obstruction
☐ Unsafe Workplace
☐ Other (specify)

☐ Asbestos
☐ Contractor Safety
☐ Extreme Temperature
☐ Lighting
☐ Pressure / Vibration
☐ Water Quality

☐ Biological
☐ Electrical
☐ Fall Hazard
☐ Mould
☐ Sharp Objects
☐ Working Alone

☐ Chemicals
☐ Equipment / Tools
☐ Housekeeping
☐ Noise
☐ Slip / Trip Hazards

Description of Hazard*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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NEW EARS FORM MARCH 2016

HAZARD REPORT FORM
(Non-Injury)

Hazard Classification*  □ Low  □ Medium  □ High

(PLEASE SEE BELOW for assistance with decision making)

A System of hazard classification can also assist in making these decisions. Principals and non-school based department heads should work together with employees who are working in the area being evaluated, as they are most familiar with the hazards of the job.

Hazards can be classified as High, Medium or Low.

HIGH HAZARD: A condition or practice likely to cause permanent disability, loss of life or body part and/or extensive loss of structure, equipment and material. Immediate action required to address these situations.

Example 1: A guard missing on a table saw. Action: Power should be disconnected, blade removed and saw not used until guard is replaced.

Example 2: Maintenance employees servicing a large sump pump in an unventilated deep pit, with a gasoline motor running. Action: Stop work until appropriate confined space procedures are in place.

MEDIUM HAZARD: A condition or practice likely to cause injury or illness resulting in temporary disability and/or property damage that is disruptive but not extensive.

Example 1: A leaking pipe in a hallway or washroom. Action: Place warning signs, contain leak and have repaired as soon as possible.

Example 2: A broken tread at the bottom of stairs. Action: Place warning signs and leave in place until repair work completed.

LOW HAZARD: A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage.

Example 1: A carpenter handling rough lumber without gloves.

Example 2: A custodian using mild cleaning products without adequate ventilation.

If additional help is needed to clarify any specific hazard classification, contact a Health and Safety Officer. Some standards for high risk activities are specifically set by regulation.

Example: If employees shall work in a confined space, the Occupational Health and Safety Act Regulation and Code requires that a code of practice and orientation for all employees who enter a confined space shall be completed.

Remember: In order to comply with legislation and demonstrate due diligence, all hazard assessment and analysis shall be documented. (See Forms at the end of this section).

Direct Causes:


Indirect Causes:


Maintenance / Service Request #:


Corrective Actions

Corrective Actions / Recommendation


Detail Action Taken


Action taken by Whom? ___________________________ Date: ____________________

Has this hazard been previously reported? □ Yes □ No

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NEW EARS FORM MARCH 2016

INCIDENT REPORT (Non-Injury)

Report Event / ID No: ____________________________________________

Note: all items in *bold italic* and with an *asterisk* are required fields and *must* be completed

---

**Information**

**School/Site***

**Date of Event*** (mm/dd/yyyy)

**Time of Event*** (12 hr. clock am or pm)

---

**Involved Person**

Was a person Involved  ☐ Yes  ☐ No

Involved Person is a:

☐ Contractor  If Involved Person is a Contractor, Name of Company ________________________________

☐ Employee  Employee ID ___________________________ Employee Department / Service Unit ________________________________

☐ Student  Student’s Date of Birth (mm/dd/yyyy) ___________________________ Grade (Pre-K, K, 1 – 13)

☐ Unknown Third Party

☐ Visitor

☐ Volunteer

---

**First Name*** ___________________________  **Last Name*** ___________________________

Gender  ☐ Male  ☐ Female  ☐ Other (Specify)

---

**Location**

Did this event occur at School? (where)  ☐ Yes  ☐ No

If No, give location details

☐ Administration Office  ☐ Boot Room / Mud Room  ☐ Cafeteria / Concession  ☐ Change / Locker Room

☐ Classroom – portable  ☐ Classroom – regular  ☐ Creative Playground  ☐ Crosswalk

☐ CTS Lab  ☐ Custodian / Caretaker Room  ☐ Fine Arts Room  ☐ Fitness / Weight Room

☐ Gymnasium  ☐ Hallway  ☐ Library  ☐ Mechanical Room

☐ Parking Lot – staff  ☐ Parking Lot – student  ☐ Playing Field  ☐ Roof

☐ Science Lab  ☐ Sidewalk  ☐ Staff Room  ☐ Stairs – exterior

☐ Stairs – interior  ☐ Stairs – portables  ☐ Storage Room  ☐ Tarmac

☐ Theatre / Stage  ☐ Washroom  ☐ Other (specify)

---

**Incident Information**

**Type of Incident***

☐ 3rd Party Vehicle Damage  ☐ Abduction / Attempted Abduction  ☐ Alleged Misconduct  ☐ Behaviour Issues (no Injuries)

☐ Bullying  ☐ Custody Issues  ☐ Cyber Bullying  ☐ Hold & Secure (see below)

☐ Human Rights Issues  ☐ Infectious Disease Exposure  ☐ Lockdown – External (see below)  ☐ Lockdown – Internal (see below)

☐ Parental Disagreement  ☐ Police Incident  ☐ School Evacuation  ☐ Shelter-In-Place

☐ Suicide Attempt  ☐ Suicide - Threat  ☐ Threat of Violence  ☐ Other Specify

---

If Lockdown, or Hold and Secure, choose one of the following:

☐ Armed Intruder  ☐ Intruder  ☐ Other specify

☐ Local Emergency

---

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NEW EARS FORM MARCH 2016

INCIDENT REPORT (Non-Injury)

Incident Classification* (see below for help with classification) ☐ Low ☐ Medium ☐ High

An Impact Classification is assigned to the Incident based on the reaction to the incident and the amount of discussion and attention paid to the matter.
LOW - A low classification is an incident which causes minimal interruption to regular school operations. Low classification incidents would not result in police or media involvement and would not affect a large number of students or staff.
MEDIUM - A medium classification is an incident which causes a short-term interruption of regular school operations. Medium classification incidents could cause some amount of general anxiety and/or discussion among students and staff to an extent that school operations are affected.
HIGH - A high classification is an incident which causes an interruption of regular school operations and would cause anxiety and/or discussion among students and staff to an extent that school operations are greatly affected.

Description of Incident*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Were Police Involved?* ☐ Yes ☐ No ☐ Unknown Drinks / Alcohol involved?* ☐ Yes ☐ No

Weapon Involved?* ☐ Yes ☐ No ☐ Unknown

If yes, type of Weapon?* ☐ Baton ☐ Gun ☐ Knife ☐ Other (specify)?

External Agencies Contacted

☐ Agency Director ☐ Health Region ☐ Security Services ☐ Child Welfare

☐ Police ☐ Student’s Family ☐ Crisis Unit ☐ Probation Officer

☐ Therapist ☐ Other Contact (specify)

Internal Department / Service Unit Contacted

☐ Area Superintendent ☐ Human Resources ☐ Maintenance Dept. ☐ Director

☐ Instructional Services ☐ Risk Management ☐ Health & Safety ☐ Labour Relations

☐ Other Resource (specify)

Media / Legal

Media has been involved or likely to be involved?* ☐ Yes ☐ No If Yes

Legal Action has been threatened?* ☐ Yes ☐ No If Yes

Witness(es) (Use separate sheet if more than one witness)

Were there any Witnesses? ☐ Yes ☐ No ☐ Unknown

Witness First Name ___________________________ Witness Last Name ___________________________

Phone Number ___________________________ Email ___________________________

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NEW EARS FORM MARCH 2016

INCIDENT REPORT (Non-Injury)

Calgary Catholic School District
Witness Roll

(If there is another witness, please complete another witness section and attach it to this form)

☐ Bystander  ☐ Contractor  ☐ Daycare  ☐ Employee  ☐ Neighbour

Submission

Submitter’s First Name* ___________________________  Submitter’s Last Name* ___________________________

Submitter’s Work Email* ___________________________  Submitter’s Phone ___________________________

First Reported to*
☐ Caretaking / Facility Operator  ☐ Coach
☐ Lunch / Playground Supervisor  ☐ Non School based Dept. Head  ☐ Contractor
☐ Superintendent  ☐ Supervisor  ☐ Principal
☐ Volunteer  ☐ Other (specify)  ☐ Teacher

☐ Family Member  ☐ Secretary / Support Staff  ☐ Vice / Assistant Principal

Date Reported (mm/dd/yyyy)

First Reported: First Name ___________________________  First Reported: Last Name ___________________________

Supervisor

☐ Caretaking / Facility Operator  ☐ Lunch / Playground Supervisor  ☐ Non-School Based Dept. Head
☐ Secretary / Support Staff  ☐ Superintendent  ☐ Principal
☐ Vice / Assistant Principal  ☐ Volunteer  ☐ Support Counsellor
☐ Other (specify)  ☐ Teacher

Supervisor’s First Name* ___________________________  Supervisor’s Last Name* ___________________________

Supervisor’s Email*

☐ Student  ☐ Supervisor  ☐ Unknown  ☐ Volunteer

Date of Report: ___________________________

Report Approved by: ___________________________ (print clearly)

Position: ___________________________ (print clearly)
Motor Vehicle Damage ( Accident Report )

NEW EARS FORM MARCH 2016

MOTOR VEHICLE DAMAGE
ACCIDENT REPORT

Report Event / ID No: ________________________________

Note: all items in **bold italic** and with an *asterisk* are required fields and **must** be completed

<table>
<thead>
<tr>
<th>School/Site*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Event* (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Date Reported (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Time of Event* (12 hr. clock am or pm)</td>
</tr>
</tbody>
</table>

First Reported to* (please specify below)
- Caretaking / Facility Operator
- Lunch / Playground Supervisor
- Superintendent
- Volunteer
- Coach
- Non School based Dept. Head
- Supervisor
- Other (Specify)

Reported To: First Name ____________________________ Reported To: Last Name ____________________________

Accident Information

Type of Vehicle Accident*
- Break-in
- Flood
- Other (specify)
- Collision (multiple vehicles)
- Theft
- Collision (single vehicle)
- Vandalism
- Fire

Description of Accident*

Police Notified*  
- Yes
- No

Officer Name ____________________________  Police Report No. ____________________________

Road Conditions
- Dry
- Wet
- Snow Covered
- Mud
- Gravel
- Ice

Weather
- Clear
- Cloudy
- Fog/Mist
- Hail
- Rain
- Sleet
- Snow

Damage to Property other than Vehicle?*  
- Yes
- No

If Yes Details*


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Page 1 of 4
NEW EARS FORM MARCH 2016

MOTOR VEHICLE DAMAGE
ACCIDENT REPORT

Location
Did this event occur at School? (where)* □ Yes □ No □ If No, give location details*

□ Parking Lot – Staff
□ Parking Lot – Student
□ Tarmac
□ Other (specify)
□ Playing Field
□ Sidewalk

Media
Is Media involved or likely to be involved? □ Yes □ No □ Unknown

Other Media Information

Submitter’s Details
Submitter’s First Name* _____________________________ Submitter’s Last Name* _____________________________
Submitter’s Work Email* _____________________________ Submitter’s Phone _____________________________

Submitter’s Supervisor
□ Caretaking / Facility Operator
□ Secretary / Support Staff
□ Team Leader
□ Lunch / Playground Supervisor
□ Superintendent
□ Vice / Assistant Principal
□ Non-School based Dept. Head
□ Support Counsellor
□ Volunteer
□ Principal
□ Teacher
□ (specify)

Supervisor’s First Name* _____________________________ Supervisor’s Last Name* _____________________________
Supervisor’s Work Email* _____________________________

Involved Person
Involved Person is a:
□ Contractor
□ Employee

If Involved Person is a Contractor, Name of Company _____________________________
Employee ID _____________________________ Employee Department /Service Unit _____________________________
Covered by WCB? □ Yes □ No □ Unknown

□ Student
□ Third Party
□ Visitor
□ Volunteer

If Involved Person was a Driver
Driver’s License No: _____________________________

If Involved Person was a Passenger
Was the Passenger Wearing a Seatbelt? □ Yes □ No □ Unknown

Passenger in Which Vehicle? □ District / Board Vehicle
□ Third Party Vehicle

Version: March 2016
NEW EARS FORM MARCH 2016

MOTOR VEHICLE DAMAGE
ACCIDENT REPORT

Role of Involved Person*  ☐ District / Board Driver  ☐ Third Party Driver  ☐ Passenger  ☐ Pedestrian

Involved Person’s First Name*  
Involved Person’s Last Name*

Gender  ☐ Male  ☐ Female  ☐ Other (specify) 

Phone Number  

Vehicle Information (if Involved Person is a Driver)

Vehicle Type  ☐ Bus  ☐ Car  ☐ SUV  ☐ Trailer  ☐ Truck  ☐ Van  ☐ Tractor

Vehicle Owner  ☐ Third Party  ☐ Insurance Company  Policy Number

☐ District / Board  Unit Number

☐ Rental  Rental Company  Phone Number

Make  Model  Year  Serial Number

Licence Plate Number  Province

Description of Vehicle Damage

Injuries / First Aid

Person Injured?*  ☐ Yes  ☐ No  ☐ Unknown  First Aid Administered?*  ☐ Yes  ☐ No  ☐ Unknown

Description of First Aid Administered*

First Aider’s First Name*:  LAST Name*:

Qualified District First Aider?*  ☐ Yes  ☐ No  ☐ Unknown

First Aid Qualification*  ☐ Advanced  ☐ Emergency  ☐ Nurse  ☐ Standard  ☐ Wilderness

EMS Called?*  ☐ Yes  ☐ No  ☐ Unknown  Transported by EMS?  ☐ Yes  ☐ No  ☐ Unknown

If transported by EMS what was the destination?

Was there Other Transportation?

Was Further Medical Attention Sought*  ☐ Yes  ☐ No  ☐ Unknown

If Further Medical Attention was Sought, please specify below*

☐ Chiropractor  ☐ Dentist  ☐ Doctor  ☐ Physiotherapy  ☐ Other (specify)

Were there any Pre-Existing Medical Conditions:

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NEW EARS FORM MARCH 2016

LEGAL / WORKERS COMPENSATION

Has legal action been threatened? □ Yes □ No □ Unknown □ Details

INJURY / ILLNESS

INJURY / ILLNESS TYPE

□ Aches / Pains □ Allergic Reaction □ Back / Spinal Injury □ Bleed, bruise or swelling
□ Breathing difficulties / Asthma □ Broken or fractured bones □ Burn □ Concussion
□ Cut / Laceration / Irritation □ Dislocated / Separated Joint □ Dizziness / Light headed □ Eye Injury
□ Fainting, loss of consciousness □ Fatality □ Headache □ Hearing loss
□ Irritation of throat / eye / skin / nose □ Permanent disability □ Scrape or bump □ Seizure
□ Strain or sprain □ Tooth / Teeth Injury □ Vomiting / Nausea □ Wound
□ Other (specify) □

BODY PART (please circle left or right where applicable)

□ Abdomen / Stomach □ Ankle Left / Right □ Arm – lower Left / Right □ Arm – upper Left / Right □ Back □ Buttocks Left / Right □ Cheek(s) Left / Right
□ Chest Area □ Chin □ Collarbone Left / Right □ Ear(s) Left / Right □ Elbow Left / Right □ Finger(s) / Thumb Left hand / Right hand
□ Foot Left / Right □ Groin Left / Right □ Hand Left / Right □ Head □ Hip Left / Right □ Leg – lower calf Left / Right
□ Leg – upper thigh Left / Right □ Mouth □ N/A □ Neck / Throat □ Nose □ Possible Internal Injuries □ Shoulder Left / Right
□ Side / Ribs □ Teeth □ Toes □ Wrist □ Other (specify) □

- If there are multiple involved persons (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report.
- If there is a hazard associated with this injury complete a HAZARD FORM and attach to this report.

WITNESS* (Use separate sheet if more than one witness)

Were there any witnesses? □ Yes □ No
Witness FIRST Name: ___________________________ Witness LAST Name: ___________________________
Phone Number ___________________________
Email ___________________________
Witness Roll* □ Bystander □ Contractor □ Daycare □ Employee □ Neighbour
□ Student □ Supervisor □ Unknown □ Volunteer

Date of Report: ___________________________
Report Approved by: ___________________________ Position (print clearly) ___________________________

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Page 4 of 4
Property Loss/Damage Report

NEW EARS FORM MARCH 2016
PROPERTY LOSS/DAMAGE REPORT

Report Event / ID No: ________________

Note: all items in **bold italic** and with an asterisk are required fields and must be completed

Information

School/Site*

Date of Event* (mm/dd/yyyy) __________________________________________

Time of Event* (12 hr. clock am or pm) _______________________________

Type of Loss*

☐ Accidental Breakage ☐ Break =-in ☐ Fire ☐ Flood
☐ Hail ☐ Sewage Back-Up ☐ Theft ☐ Utility Failure
☐ Vandalism ☐ Wind ☐ Other (specify) ___________________________________

Loss / Damage Details*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Fire Department Contacted* ☐ Yes ☐ No ☐ Unknown

Fire Department File Number ___________________________________________

Police Notified* ☐ Yes ☐ No

Police Case No. ______________________________________________________

Service Request Number ______________________________________________

Location of Loss / Damage

Did loss occur at School?* ☐ Yes ☐ No ☐ Unknown

Did loss occur at School?* Yes, if Yes, give location below ☐ No, If No, Location Details*

☐ Administration Office ☐ Boot Room / Mud Room ☐ Cafeteria / Concession
☐ Classroom – portable ☐ Classroom – regular ☐ Creative Playground
☐ CTS Lab ☐ Custodian / caretaker Room ☐ Fine Arts Room
☐ Gymnasium ☐ Hallway ☐ Library
☐ Parking Lot – staff ☐ Parking Lot – student ☐ Playing Field
☐ Science Lab ☐ Sidewalk ☐ Staff Room
☐ Stairs – interior ☐ Stairs – portables ☐ Storage Room
☐ Theatre / Stage ☐ Washroom ☐ Other (specify)

Change / Locker Room

Crosswalk

Fitness / Weight Room

Mechanical Room

Roof

Stairs – exterior

Tarmac

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Page 1 of 3
NEW EARS FORM MARCH 2016
PROPERTY LOSS/DAMAGE REPORT

Property Damage  (If there are more than 3 items damaged, please attach a full listing on another page)

Type of Property
☐ Building Damage  ☐ Educational Materials / Books  ☐ Electronic Equipment  ☐ Furniture
☐ Musical Instruments  ☐ Playground Equipment  ☐ Sports Fields
☐ Other (specify) Type of Property

Description Of Item / Property Damage
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Make ____________________________ Model ____________________________ Serial No ____________________________

Owned by* ☐ District / School Board ☐ Employee ☐ Student ☐ Third Party ☐ Unknown
Owner’s First Name ____________________________ Owners Last Name ____________________________

Make ____________________________ Model ____________________________ Serial No ____________________________

Owned by* ☐ District / School Board ☐ Employee ☐ Student ☐ Third Party ☐ Unknown
Owner’s First Name ____________________________ Owners Last Name ____________________________

Make ____________________________ Model ____________________________ Serial No ____________________________

Owned by* ☐ District / School Board ☐ Employee ☐ Student ☐ Third Party ☐ Unknown
Owner’s First Name ____________________________ Owners Last Name ____________________________

Restitution

Is Restitution being sought? ☐ Yes ☐ No ☐ Unknown

Restitution is being sought from:
First Name ____________________________ Last name ____________________________

House Address/ City / Province / Postal ____________________________

Email Address ____________________________

Version: March 2016
**NEW EARS FORM MARCH 2016**

**PROPERTY LOSS/DAMAGE REPORT**

**Submission**

**Submitter’s Details**

<table>
<thead>
<tr>
<th>Submitter’s First Name*</th>
<th>Submitter’s Last Name*</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Submitter’s Work Email</th>
<th>Submitter’s Phone Number</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**First Reported To***

- [ ] Caretaking / Facility Operator
- [ ] Lunch / Playground Supervisor
- [ ] Security
- [ ] Teacher
- [ ] Contractor
- [ ] Non-School based Department Head
- [ ] Superintendent
- [ ] Vice / Assistant Principal
- [ ] Emergency Repair Work Order Desk
- [ ] Principal
- [ ] Support Counsellor
- [ ] Volunteer
- [ ] Other (specify)
- [ ] Family Member
- [ ] Secretary / Support Staff
- [ ] Support Counsellor

<table>
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<tr>
<th>Date Reported (dd/mm/yyyy)</th>
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**First Reported to:**

<table>
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<tr>
<th>First Reported to: First Name</th>
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</table>

**Supervisor**

- [ ] Caretaking / Facility Operator
- [ ] Lunch / Playground Supervisor
- [ ] Security
- [ ] Teacher
- [ ] Vice / Assistant Principal
- [ ] Contractor
- [ ] Non-School based Department Head
- [ ] Superintendent
- [ ] Volunteer
- [ ] Support Counsellor
- [ ] Other (specify)

**Supervisor’s First Name***

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**Supervisor’s Last Name***

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**Supervisor’s Email***

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</table>
Witness Statement Form

Personal Information:
Name: ____________________________
Address: ____________________________
Telephone Number(s): Bus. ___________ Res. ___________ Cell ____________

Accident Information:
Date of Accident: ________________ Time of Accident: ________________
Location of Accident: ____________________________
Detailed Description of Accident (When completing this statement, be sure to include all events and factors that lead to the accident. Include actions taken during and after. Please print clearly. Use the back of this form if additional space is required.).

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Witness Signature: ____________________________ Date: ________________
**Injury Report Instructions**

The numbers refer to question numbers on the form that may require additional explanation.

**Worker Details**

1. **Have your work duties been modified?**
   
   Your duties have been modified if your employer made changes to regular job duties, as a result of an injury. For example, tasks or functions, workload (e.g., hours or work schedules), environment or work area, equipment. Please indicate if you are working as an apprentice.

**Employer Details**

2. **Please complete all the information.**

**Accident Details**

3. **Date and time of accident**
   
   If your injury developed over a period of time, indicate either the date of first medical treatment or the date you first reported it to your employer and check the box at the right. On the next line, give your start and end times on the day of the accident.

4. **Date accident/injury reported to employer**
   
   Please provide an accurate date and time someone from your work was made aware of your injury. Name the person, their position and their contact information.
   
   If you could not report your injury immediately, please provide a reason.

5. **Describe fully what happened to cause the injury**
   
   In your own words, tell us about your injury. If a repetitive strain injury, include your typical actions and how often you repeat them on the job – twisting, typing, pushing and pulling. If any lifting, indicate the weight.
   
   **Example:** I walked into our walk-in cooler to get a 50 lb. sack of potatoes. I bent down, picked up the sack, and turned to my right to leave. I felt a pull in my lower back and dropped the potatoes on my right foot. As a result, I injured my back and my right foot.
   
   Should you need more space than the area provided, please attach a letter.

6. **Location of accident**
   
   Wherever the accident occurred, please provide a street address, if possible. Otherwise, indicate the location, such as 25 km east of Edmonton on Hwy 16, an oilrig site. If it is a motor vehicle accident, include the direction of travel.

**Injury Details**

Indicate the part of your body that was injured, what side of your body and what type of injury it is. When your doctor or chiropractor sends in your medical report we will confirm your injury.

**Call the Claims Contact Centre 780-498-3999 or 1-866-922-9221 if you are reporting one of the following:**

1. **Repetitive strain injury**
   
   For example, a typist developed tendinitis in the wrist as a result of job duties. Describe fully the job duties done each day. Include the time spent at each task.

2. **Occupational disease**
   
   Describe hearing loss, respiratory problems, etc. due to prolonged exposure to gas, chemicals, loud noises, etc.

3. **Motor vehicle accident**
   
   Send us a copy of the police report, when available. Fill out the Automobile Accident Report in this booklet.
Worker Details

Fast the date of injury: Have you been off work? □ Yes □ No

□ Have your work duties been modified? □ Yes □ No

Last Name: 
First Name: 
Initial:

Mailing Address: Apt# ____________

Social Insurance #: __________________________

City: __________________ Province: ___________ Postal Code: ____________

Personal Health #: ___________________________

Date of Birth: __________________ (Day/Month/Year)

Gender: □ M □ F

Occupation and job description:

Are you an apprentice? □ Yes □ No

If yes, date you would have obtained journeyman status: __________________________

Date hired: __________________________

Are you a partner or director in the business? □ Yes □ No

Do you have personal coverage? □ Yes □ No

If yes, coverage number: __________________________

Employer Details

Employer Business Name: __________________________

Mailing Address: __________________________

City: ____________ Province: ____________ Postal Code: ____________

Contact Name: __________________________

Title: __________________________

Phone: __________________________

E-mail: __________________________

Accident Details

Date/Time of accident: __________________________

Time: ____________ a.m. ____________ p.m.

Note: If the injury/condition developed over time, please provide additional information.

Date/time scheduled shift started (if applicable): __________________________

Time: ____________ a.m. ____________ p.m.

Date/time scheduled shift ended (if applicable): __________________________

Time: ____________ a.m. ____________ p.m.

Date accident/injury reported to employer:

Name of person and their position: __________________________

Phone Number: __________________________

If not reported immediately, give the reason:

Describe fully, based on the information you have, what happened to cause this injury or disease. Please describe what you were doing, including details about any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you may have been exposed to:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

□ Motor vehicle accident? □ Cardiac condition/injury? □ Claimed to another WCB? Province: __________________________

If you have more information or a list of witnesses, please attach a letter. Please check this box if letter is attached.

Have you had a similar injury before? □ Yes □ No

If yes, attach a letter with details.

Was the work you were doing for the purpose of your employer’s business? □ Yes □ No

Was it part of your usual work? □ Yes □ No

Did the accident/injury occur on employer’s premises? □ Yes □ No

Location where the accident happened (address, general location or site):

Full name of treating hospital or healthcare professional:

Address: __________________________

Phone: __________________________

Injury Details

What part of body was injured? (hand, eye, back, lungs, etc.) □ Left side □ Right side

What type of injury is this? (sprain, strain, bruise, etc.)
Please fill in your name, Social Insurance Number and date of birth at the top of each page of the form in case the pages get separated.

Remember to complete all three pages and sign the form before sending.

7 Return-to-Work Details
   Please complete all the information that applies.

8 Employment Details
   Complete one of the following A or B or C.
   • Complete A if you work 12 months per year with the same employer.
   • Complete B if you work only part of the year (subject to seasonal or lack of work layoffs).
   • Complete C if you are self-employed, are a subcontractor or do piecework.

9 Earnings Details
   b) Additional taxable benefits:
      Vacation and statutory holiday pay
      Please indicate if you are paid holiday and stat pay as an additional percentage on your paycheque or, if these days are included as days off with pay.

   Shift premiums
   Complete if you receive pay in addition to your regular rate of pay (e.g., 50¢ paid per hour for night shift). Provide your gross shift premium earnings for one year prior to the date of injury (less if you have not worked a full year).

10 Hours of Work Details
   a) Number of hours
   Indicate your regular hours of work. Do not include overtime here.

   Overtime
   Complete only if you work the same number of hours overtime each week, month or shift cycle.

   c) Second job
   Provide a contact name and telephone number for a second job. If this injury causes you to miss earnings from that job, WCB-Alberta will consider these earnings when your compensation rate is set. Your second employer may be contacted.

   If you do not know your hours of work and wage information, you can get them from your employer.
Worker's Last Name:  
Worker's First Name:  
Initial:  
Social Insurance #:  
Date of Birth:  

Return to Work Details Please complete all that apply

7 a. Will/did your employer pay you while off work?  
   [ ] No  [ ] Yes, pre-accident wages  [ ] Unknown

b. Date and time you first missed work:
   (Year/Month/Day)  
   Time:

   [a.m.]  [p.m.]

c. If you have returned to work indicate date:
   (Year/Month/Day)  
   Time:

   [a.m.]  [p.m.]

Current work status:
[ ] Regular work duties, or
[ ] Modified work duties
[ ] Regular hours of work, or
[ ] Modified hours of work:

[ ] Pre-accident rate of pay, or
[ ] Revised rate of pay: $  

If you are working modified duties please describe:

Employment Type Details (Complete A or B or C. Select your type of employment.)

8 A Permanent position employed 12 months of the year:
   [ ] Permanent full-time
   [ ] Permanent part-time
   [ ] Irregular/casual

or B Non-permanent position employed only part of the year (subject to seasonal or lack of work layoffs):
   [ ] Seasonal worker
   [ ] Summer student
   [ ] Temporary position

Had this injury not occurred, your last day of employment would have been:
Position start:
   (Year/Month/Day)  
   Position end:
   [ ] Estimated, or
   [ ] Actual

How many months or days are workers employed in this position?  

or C Special employment circumstance:
   [ ] Sub contractor
   [ ] Vehicle owner/operator
   [ ] Welder owner/operator
   [ ] Commission
   [ ] Piece work
   [ ] Volunteer
   [ ] Self-employed

Do you incur expenses to perform the work (materials, tools, etc.)?  
   [ ] Yes  [ ] No

Will you receive a T4?  
   [ ] Yes  [ ] No

Note: If you have checked any box in B or C please submit a detailed income and expense statement.

Earning Details

9 a. Your rate of pay at time of accident:
   $  
   [ ] per
   [ ] Hour
   [ ] Day
   [ ] Week
   [ ] Month
   [ ] Year

b. Additional taxable benefits:
   Vacation Pay:  
   [ ] Taken as time off with pay
   [ ] Paid on a regular basis
   %

   [ ] Shift Premium
   Please describe:
   [ ] Overtime
   [ ] Other

c. Do you have a second job?  
   [ ] Yes  [ ] No

   [ ] Yes – Employer's Name:
   [ ] Phone

   [ ] Second employee may be contacted

d. Did you miss time from this second job?  
   [ ] Yes  [ ] No

   [ ] If yes, please attach earning information and time missed details.

Hours of Work Details

10 a. Number of hours not including overtime:
   [ ] per week

   Describe your work schedule (e.g., Monday to Friday, on, Saturday to Sunday, off):

   ________

Complete all three pages and sign the form before sending.
Declaration and Consent

I declare that the information in the Worker Report of Injury or Occupational Disease form will be true and correct.

I understand that:

• While I am receiving any benefits from WCB-Alberta, it is my obligation to inform WCB-Alberta immediately if I return to work of any kind, become capable of working or if there is any other change in my employment status. Work includes but is not limited to any activity in which labour or services are provided, whether or not payment of any kind is received.

• Criminal prosecution may result from any attempt on my part to collect benefits by providing false information, failing to provide information regarding my ability to work, or other fraudulent means.

• My employer may request a review or appeal of any decisions made on my claim and may therefore examine my claim file. My claim file may also be examined by anyone with a direct interest, as determined by WCB-Alberta, or a person or company I have authorized to review my claim file. (To provide authorization, use the Worker's Information Release form in the Worker Handbook).

• My social insurance number may be used for reporting to Canada Revenue Agency.

• WCB-Alberta may collect information that it considers relevant to determine benefit entitlement, including information pre-dating my accident, from any source including physicians, other health care providers, employers and vocational rehabilitation service providers. This information is collected to determine my entitlement to compensation under the Workers' Compensation Act.

WCB-Alberta may use and disclose the information collected to determine entitlement, to provide services and benefits and, as required or authorized by law. This information may be used and disclosed pursuant to the Workers' Compensation Act and the Freedom of Information and Protection of Privacy Act.

Date: [ ] [ ] [ ] [ ]

Name (please print): ____________________________

Signature: ____________________________

Signing the above consent enables the Workers' Compensation Board to process your claim.

NOTE: The information required in the Worker Report of Injury or Occupational Disease is collected under sections 33(a) and (c) of the Freedom of Information and Protection of Privacy Act for the purpose of determining entitlement to compensation and for determining employers' premium rates. Questions may be directed to the Claims Contact Centre as noted on the front of this form and on the back of the Worker Handbook. The information provided to the Workers' Compensation Board is protected by the provisions of the Freedom of Information and Protection of Privacy Act.

This report form is part of a booklet of information intended to help workers with completing the necessary WCB-Alberta forms and understanding the process. Keep the booklet for your reference.